

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of North
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

13720

Registration District No. 403Registered No. 30
(For use of Local Registrar)

(2) Full Name of Child Miller, Charles
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 23 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Childs
 (9) PRESENT POSTOFFICE OF FATHER Winchester S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Winchester S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Beth Layton
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Branchville S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Stokes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/2 19 22

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.