

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2447-Vol. 3

Registration District No. 10-0 Registered No. 36  
 (For use of Local Registrar)

(No. 351 Union St.; ..... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laverne Milles

If child is not yet named, make  
 supplemental report as directed

|  |  |   |   |   |
|--|--|---|---|---|
| 1. SEX OR GIRL? <u>.....</u>   | (4) Twin or Triplet? <u>.....</u>              | (5) Number in order of birth <u>.....</u>   | (6) Are Parent Married? <u>.....</u>        | (7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 13 1922</u> |
| To be answered only in event of Twins or Triplets                      |  |   |   |   |
| FATHER   |  | MOTHER  |   |   |
| 8 FULL NAME <u>Milles</u>  | (14) NAME BEFORE MARRIAGE <u>Edith Layton</u>  |   |   |   |
| 9 PRESENT POSTOFFICE OF FATHER <u>Spartanburg SC</u>                   | (15) PRESENT POSTOFFICE OF MOTHER <u>Hy 22</u> |   |   |   |
| (10) COLOR OR RACE <u>W</u>  | (11) AGE AT LAST BIRTHDAY (Years) <u>42</u>    | (16) COLOR OR RACE <u>W</u>   | (17) AGE AT LAST BIRTHDAY (Years) <u>43</u> |   |
| 12 BIRTHPLACE <u>New York</u>  | 18 BIRTHPLACE <u>Scotts Town Pa</u>            |   |   |   |
| 13 OCCUPATION <u>Merchant</u>  | 19 OCCUPATION <u>Homemaker</u>                 |   |   |   |
| 20 Number of children born to mother, including present birth <u>6</u> |  | 21 Number of children of this mother now living, including present birth <u>5</u> |   |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 7:30 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

M. B. Woodward

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2-1-1922 (28) Jas. Copier 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.

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MARGINEE REGISTRATION FOR BUNDLING  
 WITHIN PLACING, WITH UNPAIDING END—WHEN IN A PRESENTMENT RECORD  
 THE CHILDREN OF A MARRIAGE BEING BORN IN THE SAME PLACE, AND MARK THE  
 CHILDREN, No. 1 THIS OFFICE, No. 2, etc. In question 6  
 MARRIAGE OF CHILDREN, CHILDREN, 6  
 N. B.—In case of a child born in a hospital, 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.