

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Marion
 Township of Wake

or
 Inc. Town of Registration District No. 3207 Registered No. 47
 or
 City of (No. 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 Lucile Miles { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 6, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robert Miles

(9) PRESENT POSTOFFICE OF FATHER Marion Route 2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Marion Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3 }

MOTHER.
 (14) NAME BEFORE MARRIAGE Rachel Marcus

(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Marion Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sally J. Dill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Marion S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness C. J. Jones

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

(27) Filed 191.... (28) B. F. Dill

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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

73885