

Form No. 10.

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.

Cav. of Columbia

(1) PLACE OF BIRTH

County of GreenwoodTownship of 96 S.E.

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49407

Registration District No. 2310Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Emma Lee Miller

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? 2(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 12, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ruth Miller(9) PRESENT POSTOFFICE OF FATHER Greenwood R.F.D. No. 3 S.E.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Pickett(15) PRESENT POSTOFFICE OF MOTHER Greenwood R.F.D. No. 3 S.E.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11-10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Roger Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife 96 S.E.

Given name added from a supplemental report

1916J. McInerney

Registrar

(26) Witness

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

(27) Filed 1916(28) J. McInerney

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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