

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
16778

Registration District No. 109

Registered No. 42
(For use of Local Registrar)(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 Robert Price If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

June 18 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Robert Price

(9) PRESENT POST OFFICE OF FATHER

Danville

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Lumber

(14) Number of children born to mother, including present birth

10

MOTHER

(14) NAME BEFORE MARRIAGE

Alie Bell Miller

(15) PRESENT POST OFFICE OF MOTHER

Danville

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Lumber

(20) Number of children of this mother now living, including present birth

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed July 6 23 (27) Mrs. B. R.
Registrar Local Registrar

*When there was no attending physician or midwife, when 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.