

5415

County of Jefferson  
Township of South Mill  
or  
Inc. Town of         
or  
City of       

Registration District No. 1001

Registered No. ....  
(For use at Local Registrars)

Day of ..... (No. ....) (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

**(2) Full Name of Child**

If child is not yet named, make appropriate report as directed.

(1) <del>NAME OF</del> <i>girl</i>	(2) Title of Trustee	(3) Number in order of birth	(4) Are Foreign Marriages <i>yes</i>	(5) DATE OF BIRTH <i>Feb 2 1923</i> (Name of Month) (Day) (Year)
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## METHOD

FATHER.

(1) FULL NAME *Cell Miller*

(2) PRESENT POSTOFFICE OF FATHER *Fort Mill S.C.*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *40* (Years)

(12) BIRTHPLACE *South Carolina*

(13) OCCUPATION *Farmer*

(14) NAME BEFORE MARRIAGE Missie Euston

(15) PRESENT ADDRESS OF MOTHER 701- Mill st

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 27

(18) BIRTHPLACE South Carolina

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1 nine

(20) Number of children born to mother, including present birth 12

(21) Number of children in the household  
any place, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

mother, bearing previous child

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(28) I hereby certify that I attended the birth of this child, who was, born at 11 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(28) (Signature)

(28) (Signature) Phyllis M. Hildreth  
(34) State whether Phyllis M. Hildreth

(25) Address of Physician or Hospital  
Sarah & Leslie  
Route 4 Box 9

Given name added from a supplement-  
tal report

(26) **Witness**

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

(27) From Mar. 9.....to 23.

(10).....

10  
Registrar  
If a child breathes even once, it  
as a child, then the father, householder, etc., should make this return.  
must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.