

MARGIN TISSUE USED FOR BINDING.
 WHITE PLAINLY, WITH ENLARGING INC.—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of Charleston.....
 (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

32133

Registration District No. 40-0 Registered No. 436.....
 (For use of Local Registrar)
St. John's Hospital St.: Ward)
 (No. of St.: Ward)

(2) Full Name of Child Jane Marie McMillan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL G (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH: Sept. 14, 19 22
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER
 (8) FULL NAME John C. McMillan
 (9) PRESENT POSTOFFICE OF FATHER Charleston St.
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE SC.
 (13) OCCUPATION Ins. Agt.
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Lizet H. Tennant
 (15) PRESENT POSTOFFICE OF MOTHER Charleston St.
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE SC.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. E. McMillan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10-1-22 (28) Jas. Cooper 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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