

RECEIVED  
MAY 10 1905  
COUNTY OF  
TOWNSHIP OF  
INC. TOWN OF  
OR  
CITY OF  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
2) Full Name of Child  
(3) BOY OR GIRL  
(4) Twin or Triplet?  
(5) Number in order of birth  
(6) Are Parents Married?  
(7) DATE OF BIRTH  
(8) FULL NAME  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE  
(11) AGE AT LAST BIRTHDAY  
(12) BIRTHPLACE  
(13) OCCUPATION  
(14) NAME BEFORE MARRIAGE  
(15) PRESENT POSTOFFICE OF MOTHER  
(16) COLOR OR RACE  
(17) AGE AT LAST BIRTHDAY  
(18) BIRTHPLACE  
(19) OCCUPATION  
(20) Number of children born to mother, including present birth  
(21) Number of children of this mother now living, including present birth  
(22) I hereby certify that I attended the birth of this child, who was  
(23) (Signature)  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
(26) Witness  
(27) Filed  
(28) 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.

County of Spaulding STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
Township of Green Springs State Board of Health  
Registration District No. 4005 Registered No. 57  
(For use of Local Registrar)  
SI: 57 Ward  
City of Green Springs (No. 57)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
2) Full Name of Child Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy  
(4) Twin or Triplet? No  
(5) Number in order of birth 1  
(6) Are Parents Married? Yes  
(7) DATE OF BIRTH June 22, 1905  
(8) FULL NAME W. W. Miller  
(9) PRESENT POSTOFFICE OF FATHER Clinton, A.C.  
(10) COLOR OR RACE White  
(11) AGE AT LAST BIRTHDAY 38  
(12) BIRTHPLACE A.C.  
(13) OCCUPATION Merchant  
(14) NAME BEFORE MARRIAGE Miss Miller  
(15) PRESENT POSTOFFICE OF MOTHER Clinton, A.C.  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 36  
(18) BIRTHPLACE A.C.  
(19) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 4  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P.M. on the date above stated.  
(23) (Signature) D. J. Miller  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Green Springs

Given name added from a supplemental report  
191  
Registrar

(26) Witness J. C. White  
(27) Filed June 30, 1905  
(28) 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.