(1) PLACE OF BIRTH

County of Anderson

Township of Rock Mill

or

Inc. Town of ..... Registration District No. 312 Registered No. 20

(For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
71317

(2) Full Name of Child. Harry Kenneth Milford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy		1	Yes	Aug. (Name of Month) 15 (Day) 1916 (Year)

FATHER.	MOTHER.
(8) FULL NAME: True Milford	(14) NAME BEFORE MARRIAGE: Ida Rosie Brooks
(9) PRESENT POSTOFFICE OF FATHER: Anderson S.C. R#5	(15) PRESENT POSTOFFICE OF MOTHER: Anderson S.C. R#5
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 27 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: Anderson Co - S.C.	(18) BIRTHPLACE: Anderson Co - S.C
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housekeeper
(20) Number of children born to mother, including present birth: 1	(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 alive at 7 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Hobson M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Townville, S C

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Sep 8 1916 (28) J. H. Wright
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.

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.

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.

McCaw, Columbia