

## (1) PLACE OF BIRTH

County of

Township 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 *Jama Robert Miller*

(3) SEX OR

*Male*

(4) Was it a triplet?

*No*

(5) Number in order of birth

*2*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*10-26-23*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Robert E. Miller*

(9) PRESENT POSTOFFICE OF FATHER

*Rock Hill S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*31*

(Years)

(12) BIRTHPLACE

*Atlanta Ga*

(13) OCCUPATION

*Gen. M. & Co.*

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

*2*

## MOTHER.

(15) NAME BEFORE MARRIAGE

*Mrs. Frances Lee Miller*

(16) PRESENT POSTOFFICE OF MOTHER

*Rock Hill S.C.*

(17) COLOR OR RACE

*White*

(18) AGE AT LAST BIRTHDAY

*29*

(Years)

(19) BIRTHPLACE

*Chicago Ill*

(20) OCCUPATION

*Housewife*

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

*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

*Dr. J. H. Miller*

(24) State whether Physician or Midwife

*Physician*

Given name added from a supplemental report

101

Registrar

(25) Witness

*J. H. Miller*

(26) Filed

*12/17/23*

(27) Local Registrar

When there was an 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 sixth month of pregnancy.

Return this with month of pregnancy.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

3801C

County of *York*Township of *Rock Hill S.C.*or *Registration District No. 44 B.*City of *Registered No. 348*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Jama Robert Miller*(3) SEX OR *Male*(4) Was it a triplet? *No*(5) Number in order of birth *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *10-26-23*

(Name of Month) (Day) (Year)

(8) FULL NAME *Robert E. Miller*(9) PRESENT POSTOFFICE OF FATHER *Rock Hill S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *31*

(Years)

(12) BIRTHPLACE *Atlanta Ga*(13) OCCUPATION *Gen. M. & Co.*(14) Number of children born to mother, including present birth *2*(15) NAME BEFORE MARRIAGE *Mrs. Frances Lee Miller*(16) PRESENT POSTOFFICE OF MOTHER *Rock Hill S.C.*(17) COLOR OR RACE *White*(18) AGE AT LAST BIRTHDAY *29*

(Years)

(19) BIRTHPLACE *Chicago Ill*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *2*(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. J. H. Miller*(24) State whether Physician or Midwife *Physician*(25) Witness *J. H. Miller*(26) Filed *12/17/23*

(27) Local Registrar

When there was an 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 sixth month of pregnancy.

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