

(1) PLACE OF BIRTH

County of AndersonTownship of Chickamauga

Incl. Town of

City of

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

Registration District No. 3 B

File No. — For State Registrar Only

2972Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Henry Miller

(If child is not yet named, make supplemental report as directed.)

(3) SEX
BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 28 22

(Specify Month) (Day) (Year)

FATHER

(8) FULL NAME James Miller(9) PRESENT POSTOFFICE IF FATHER Piedmont R.F.D.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Miss Harris(15) PRESENT POSTOFFICE OF MOTHER Piedmont R.F.D.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Chas. H. Harris

(24) State where Physician or Midwife

(25) Address of Physician or Midwife Piedmont R.F.D.

Given name child from a supplemental report

(26) Witness

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

(27) Filed Feb 28 22(28) S. H. Harris
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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