

(1) PLACE OF BIRTH

County of Abbeville  
Township of Long Cane  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**75365**

Registration District No. 107 Registered No. 71  
(For use of Local Registrar)  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marceline { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) ~~Two or Triplet?~~ (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 8, 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Miller  
(9) PRESENT POSTOFFICE OF FATHER Donald 2c  
(10) COLOR OR RACE Wsp (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Abbeville  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth { ..... 9 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Smith  
(15) PRESENT POSTOFFICE OF MOTHER Donald 2c  
(16) COLOR OR RACE Wsp (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Abbeville  
(19) OCCUPATION Laborer  
(21) Number of children of this mother now living, including present birth { ..... 7 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... 9 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. H. Miller M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Oct 6, 1916 (28) E. H. Miller 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.