

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

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

(2) Full Name of Child Ellie Watson Miller

File No.—For State Registrar Only

5744

Registered No. 77
(For use of Legal Registrar)

(3) SEX OR Child (4) Twin or Triplet? ☒ (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE BIRTH May 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James A. Miller(9) PRESENT POSTOFFICE OF FATHER Anderson S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Ant G. Ga(13) OCCUPATION Street Railway Conductor(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clara J McCarley(15) PRESENT POSTOFFICE OF MOTHER Anderson S C(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Elbert G. Ga(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 12 as (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. L. Miller (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

101....

Registrar

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

(27) Filed 101.... (28) J. L. Miller Legal 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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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.

McCurdy, of Columbia