

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

20006

Registration District No.

Registered No.

(For use of Local Registrar)

(No. Baptist Hospital St.; Ward)

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

(3) BOY OR
GIRL Girl(4) Twin
or Triplet? X(5) Number in
order of birth X

To be answered only in case of Twins or Triplets

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

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME George Oates Milne(9) PRESENT
POSTOFFICE
OF FATHER Columbia S.C.(10) COLOR
OR
RACE W.(11) AGE AT LAST
BIRTHDAY 31

(Years)

(12) BIRTHPLACE

Aberdeen Scotland

(13) OCCUPATION

Electrician(20) Number of children born to
mother, including present birthOne

MOTHER.

(14) NAME BEFORE
MARRIAGE Katie Pearl Sparrow(15) PRESENT
POSTOFFICE
OF MOTHER Columbia S.C.(16) COLOR
OR
RACE W.(17) AGE AT LAST
BIRTHDAY 32

(Years)

(18) BIRTHPLACE

Vermyfield Prov-Quebec

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Columbia S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 7-15-22(28) Physician 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.

Registrar

Local Registrar.

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month of pregnancy.

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