

**Bureau of Vital Statistics  
State Board of Health**

49048

City of .....  
(If birth occurs in a hospital of .....

(For use of Local Registrar)

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

CHILD'S NAME: William Miller If child is not yet named, make supplemental report as directed

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Month) (Day) (Year)

## MOTHER

(18) BIRTHPLACE  
FLORENCE, S. C.

(21) Number of children of this mother  
now living, including present birth ..... 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(33) (Signature) *James M. [illegible]* .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness ..... *Witness necessary only*

(Signature of Witness necessary only  
if Section 33 is signed by mark)

FILED Feb 10 1966 (28) .....

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.