

## (1) PLACE OF BIRTH

County of RichlandTownship of Olympiaor  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19874

Registration District No. 384Registered No. 79

(For use of Local Registrar)

St.; ..... Ward

(2) Full Name of Child... James Dillard Miles .. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 5, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Preston Miles(9) PRESENT POSTOFFICE OF FATHER 1157 Olympia Ave. Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Weaver(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1615 Pickens St.

Given name added from a supplemental report

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

(27) Filed Jan 11 1922 (28) W. H. Jones 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 sixth month of pregnancy.

before the local board of health

SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia