

(1) PLACE OF BIRTH

County of *W. Milled*Township of *Pal. Mill*or Inc. Town of *Pal. Mill*or City of *W. Milled*

(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
18875

Registration District No. *2227* Registered No. *2227*
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 29, 1922*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Oscar Lee Galightley*
(9) PRESENT POSTOFFICE OF FATHER *Greenville, S.C.*
(10) COLOR OR RACE *W.* (11) AGE AT LAST BIRTHDAY *29*
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Self at work*
(14) NAME BEFORE MARRIAGE *Wilfred Olen Miller*
(15) PRESENT POSTOFFICE OF MOTHER *Same*
(16) COLOR OR RACE *W.* (17) AGE AT LAST BIRTHDAY *25*
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Housewife*
(20) Number of children born to mother, including present birth *4* (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 *born alive or stillborn* at *3:15* M., on the date above stated. Hour M. or P. M.

(23) (Signature) *O. J. Miller* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *W. Milled, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed *June 29, 1922* (28) 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 *I* 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.

WRITE PLACES OF BIRTH, PLACES OF TWIN OR TRIPLETS, AND FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.