

Form No. 1

(1) PLACE OF BIRTH

County of WilliguesburgTownship of Laneor
Inc. Town ofor
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
50700Registration District No. 4305 Registered No. 7
(For use of Local Registrar)(2) Full Name of Child Elizabeth Miller { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 6(6) Are yes Parents Married?(7) DATE OF Feb. 7th BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Huley Miller(9) PRESENT POSTOFFICE OF FATHER Salters Depot, S. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE C. Larendow co. S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Rena Lawson(15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Williamsburg co. S. C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adriana Miller

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

midwife Heinemann

Given name added from a supplemental report

..... 191...

..... Registrar

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

(27) Filed Feb. 10th 1916 (28) Albert P. Moreley 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.

MARGIN RESERVED FOR NOTES.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.