

(1) PLACE OF BIRTH

County of Charleston  
Township of Charleston  
or  
Inc. Town of Charleston  
or  
City of Charleston  
(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  
80542

Registration District No. 9A Registered No. 1139  
(For use of Local Registrar)

(2) Full Name of Child... James Arnold Miller Jr. ...

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 20 6  
(Name of Month) (Day) (Year)

(8) FULL NAME FATHER James Arnold Miller

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Automobile Engineer

(14) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE FLORENCE GERTRUDE POWDEN

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)

(18) BIRTHPLACE Sumter S.C.

(19) OCCUPATION House-wife

(20) Number of children of this mother now living, including present birth 3

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:48 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)  
(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/23/6

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(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.