

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campobello
or
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
23900

Registration District No. 4001-a Registered No. 69
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child McMillen (If child is not yet named, make supplemental report as directed)

3 ~~BOY~~ GIRL? 4 Twin or Triplet? 5 Number in order of birth 6 Are Parents Married? ya 7 DATE OF BIRTH June 18 22
(Same of Month) (Day) (Year)

FATHER.
8 FULL NAME W. H. McMillen
9 PRESENT POSTOFFICE OF FATHER Campobello
10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Year) 12 BIRTHPLACE S.C.
13 OCCUPATION Farmer
20 Number of children born to mother, including present birth 4

MOTHER.
14 NAME BEFORE MARRIAGE Hellie Gosnell
15 PRESENT POSTOFFICE OF MOTHER Campobello S.C.
16 COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year) 18 BIRTHPLACE S.C.
19 OCCUPATION House wife
21 Number of children of this mother now living, including present birth 4

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) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Campobello

Given name added from a supplemental report

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

(27) Filed June 22 1922 (28) C. L. Mackay 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 BINDING. 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. MCGRAW HILL BOOK CO., COLUMBIA, S. C.

before the fifth month of pregnancy.