

(1) PLACE OF BIRTH

County of Albermarle

Township of #1

Inc. Town of.....

City of.....

(If birth occurs

(2) Full Name of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 11.6

(No.
or other institution, give name of same

Local Registrar No. 17712

Local Registrar No. 17712
of Local Registrar)

Ward) and number.)

not yet named, make report as directed

(3) SEX OR Child <u>Boy</u>	(4) TIME of birth	(5) NUMBER IN order of birth	(6) ARE Twin Marked <u>Yes</u>
(7) FULL NAME <u>Harry D. Miller</u>	(8) PRESENT POSTOFFICE OF FATHER <u>Wadeville, S.C.</u>	(9) NAME BEFORE MARRIAGE <u>Ida Miller</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Wadeville, S.C.</u>
(11) COLOR OR RACE <u>white</u>	(12) AGE AT BIRTH <u>33</u> (Year)	(13) COLOR OR RACE <u>white</u>	(14) AGE AT LAST BIRTH <u>29</u> (Year)
(15) BIRTHPLACE <u>Burke County, Ga.</u>	(16) BIRTHPLACE <u>Burke County, Ga.</u>	(17) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Farmer</u>
(19) Number of children born to mother, including present birth	(20) Number of children of this now living, including present birth		

(21) I hereby certify that the birth of this child, who was
on the date above stated.

(Signature) Harry D. Miller
State whether Physician or Midwife Father

Given name added from a
tal report

(22) Witness
(Signature of Witness
when question 22 is answered)

(23) Filed June 29, 1920 Local Registrar

When there was an attending midwife