

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of  Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32134

Registration District No.  40-a

Registered No.  427

(For use of Local Registrar)

(No.  139   McLeary  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  Annis Bell Miller  If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL  Girl  (4) Twin or Triplet?  1  (5) Number in order of birth  1  (6) Are Parents Married?  Yes  (7) DATE OF BIRTH  Sep 1  19 22   
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME  Will Miller   
(9) PRESENT POSTOFFICE OF FATHER  Spartanburg S.C.   
(10) COLOR OR RACE  Colored  (11) AGE AT LAST BIRTHDAY  30  (Year)  
(12) BIRTHPLACE  Clinton S.C.   
(13) OCCUPATION  Cannon Laborer   
(20) Number of children born to mother, including present birth  1

MOTHER.

(14) NAME BEFORE MARRIAGE  Lily Brasley   
(15) PRESENT POSTOFFICE OF MOTHER  Spartanburg S.C.   
(16) COLOR OR RACE  Colored  (17) AGE AT LAST BIRTHDAY  27  (Year)  
(18) BIRTHPLACE  Clinton S.C.   
(19) OCCUPATION  Cooking   
(21) Number of children of this mother now living, including present birth  Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was  alive  at  8 P.  M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  Will Am. McLeary   
(24) State whether Physician or Midwife  midwife  (25) Address of Physician or Midwife  228 McLeary St.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed  10-1-22  (28)  Jas. Cooper  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.