

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 <u>York</u> Township of <u>Richards</u> Inc. Town of ..... City of ..... (If birth occurs in a hospital, other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4401</u> Registered No. <u>4</u> (For use of Local Registrar Only)		File No. — For State Registrar Only <u>2747</u>
(2) Full Name of Child: <u>Maheba Mills</u>		(If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 25, 1922</u> (Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Zemus Mills</u>	(14) NAME BEFORE MARRIAGE <u>Lettie Mills</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Rock Hill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rock Hill</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Farm Work</u>		
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Minnie Foster

(24) State whether: Physician or Midwife

(25) Address of Phys. or Midwife Richards

Given name added from a supplemental report

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

(27) Filed 1/30/22 1922 (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.