

(1) PLACE OF BIRTH

County of Clarendon
 Township of Manning
 or
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

852

Registration District No. 1307Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosa B. Miller

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 28 1932
(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME

Pole Miller

(9) PRESENT POSTOFFICE OF FATHER

Manning, S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 50
(Years)

(12) BIRTHPLACE

Clarendon

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Washington

(15) PRESENT POSTOFFICE OF MOTHER

Manning, S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Clarendon

(19) OCCUPATION

Housewife

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

9

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Caroline Chatain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Manning, S.C.

Given name added from a supplemental report

(26) Witnesses

(Signature of witnesses necessary only when question 21 is signed by mark)

(27) FILED

Feb 13th 1932(28) a. J. White 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.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES IN THIS STATE IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

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