

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Archie
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42064

Registration District No. 1601 Registered No. 115
 (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 Eddie Gaston Miles

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilson Miles

(9) PRESENT POSTOFFICE OF FATHER Rowland, N.C. R.3 Box 85

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alice M. Rae

(15) PRESENT POSTOFFICE OF MOTHER Rowland N.C. R.3-Box 85

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.) 10:30 P.M.

(23) (Signature) Hannah M. McDonald
 (24) State (whether Physician or Midwife) Midwife (25) Address of Physician or Midwife Hawes, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in ink)

(27) Filed Dec 20 22 (28) Allen Green 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.

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.