

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 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

14301

Registration District No. 17.01 Registered No. 3-2  
 (For use of Local Registrar)

City of ..... (No. .... 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 Thomas Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 9 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Miller  
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Fanner

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Flowers  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Diana Rorie  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

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

(27) Filed May 10 1922 (28) P. B. Ingram 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.

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REGARD OF COLUMBIA, COLUMBIA, S. C.  
 IN CASE OF TWINS OR TRIPLETS, ARE A SEPARATE HEAVY FOR EACH CHILD, AND MARK THE FIRST-BOUN. No. 1 THIS OTHER, No. 2, etc., in question 5.