

N. B.—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.

MEGAW & COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Summers
Township of
or
Inc. Town of Cross Hill
or
City of

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

Registration District No. 2900

File No.—For State Registrar Only
19250

Registered No. 17
(For use of Local Registrar)

(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 Mildred Mills

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Glenn Benjamin Mills
(9) PRESENT POSTOFFICE OF FATHER Cross Hill S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE S.C.
(13) OCCUPATION Physician
(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Chandler
(15) PRESENT POSTOFFICE OF MOTHER Cross Hill S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE S.C.
(19) OCCUPATION Homemaker
(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 Born alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. B. Mills M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Hill S.C.

Given name added from a supplemental report

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

(27) Filed June 21, 1922 (28) P. B. Evans
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.

Registrar

Local Registrar.

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