

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of No. 1or  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66097

Registration District No. 3902 RRegistered No. 39

(For use of Local Registrar)

(2) Full Name of Child Cologet Miller

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth 8(6) Are Parents Married? yes(7) DATE OF BIRTH June 8

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John E. Miller

(9) PRESENT POSTOFFICE OF FATHER

Batesburg SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE

Saluda C

(13) OCCUPATION

Farmer

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary L. Brey

(15) PRESENT POSTOFFICE OF MOTHER

Batesburg SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE

Saluda C

(19) OCCUPATION

House Wife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBatesburg SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 9, 1916

(28)

Geo. T. Edwards

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
Caw. Co. Columbia