

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 Form No. 5.
 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.
 MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 or
 Inc. Town of,
 or
 City of Columbia
 (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

10002

Registration District No. 38 Registered No. 1498
 (For use of Local Registrar)

(2) Full Name of Child

Richard Miller (No. Peachtree St.; Ward)
 (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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 13 19 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robert Miller
 (9) PRESENT POSTOFFICE OF FATHER Peachtree St
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)
 (12) BIRTHPLACE Wrens S.C
 (13) OCCUPATION Barber
 (20) Number of children born to mother, including present birth 10

MOTHER.
 (14) NAME BEFORE MARRIAGE Minnie Soter
 (15) PRESENT POSTOFFICE OF MOTHER Peachtree St
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Fairfield Ga
 (19) OCCUPATION Laundry
 (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive 1:30 at P M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlene Pearson midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 211 Chicago Ave

Given name added from a supplemental report

 19 Registrar

(26) Witness [Signature] (27) Filed 6-30 19 22 (28) Local Registrar [Signature]

*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.

..... fifth month of pregnancy. Done

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