

MARGIN RESERVED FOR BINDING.

WRITE 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.

(1) PLACE OF BIRTH
County of Anderson
Township of Beltin
or
Inc. Town of
or
City of (No. St. Ward)
(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

Registration District No. 300 Registered No. 2
(For use of Local Registrar.)

(2) Full Name of Child Mamie Amanda Miller
(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? No (7) DATE OF BIRTH Jan 5 22
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>Fred. Green</u>	(14) NAME BEFORE MARRIAGE <u>Genora Miller</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Beltin SC</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Winston-Salem NC</u>	(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>17</u> (Year)	(18) BIRTHPLACE <u>Beltin SC</u>	(19) OCCUPATION <u>farmer</u>	(20) Number of children born to mother, including present birth <u>1</u>
(12) BIRTHPLACE <u>Beltin SC</u>	(13) OCCUPATION <u>—</u>		(21) NAME BEFORE MARRIAGE <u>Genora Miller</u>	(22) PRESENT POSTOFFICE OF MOTHER <u>Beltin SC</u>	(23) COLOR OR RACE <u>negro</u>
(24) BIRTHPLACE <u>Beltin SC</u>	(25) OCCUPATION <u>farmer</u>		(26) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Caroline Hambrick (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beltin S.C.

Given name added from a supplemental report
(26) Witness J. S. Acker (Signature of Witness necessary only when question 23 is signed by mark)
(27) Jan 9 1922 Mrs. J. Acker 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.