(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
36227

County of Richland

Township of .....
or
Inc. Town of .....
or
City of Columbia SC (No. 2117 Elmwood ave St.; .....Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 38 Registered No. 14773
(For use of Local Registrar)

(2) Full Name of Child Louise McMillian { If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? | (4) Twin or Triplet? (To be answered only in case of Twins or Triplets) | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Girl | | | Yes | Oct 29 1922 |

## FATHER.

(8) FULL NAME Sam McMillian
(9) PRESENT POSTOFFICE OF FATHER Columbia SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Columbia SC
(13) OCCUPATION father
(20) Number of children born to mother, including present birth { 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Francis Williams
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Columbia SC.
(19) OCCUPATION House Work
(21) Number of children of this mother now living, including present birth { 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 320 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Smith
(24) State whether Physician or Midwife midwife
(25) Address of Physician or Midwife 1920 Hardens st

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed 11-5 1922 C. Dill Colcock 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 of Columbia