

(1) PLACE OF BIRTH

County of Charleston
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics

File No.—For State Registrar Only

41709

(1) PLACE OF BIRTH

County of CharlestonTownship of Old Santee

Inc. Town of

City of

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

File No.—For State Registrar Only

41708

 Registration District No. 1206 Registered No. 141
 (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 David Lee Mills Jr (If child is not yet named, make supplemental report as directed)
 (3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| (8) FULL NAME <u>David Lee Mills</u> | (14) NAME BEFORE MARRIAGE <u>Carry Jordan</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Fogelwood S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Fogelwood S.C.</u> |
| (10) COLOR OR RACE <u>W</u> | (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) | (16) COLOR OR RACE <u>W</u> | (17) AGE AT LAST BIRTHDAY <u>24</u> (Years) |
| (12) BIRTHPLACE <u>S.C.</u> | (13) OCCUPATION <u>Farmer</u> | (18) BIRTHPLACE <u>S.C.</u> | (19) OCCUPATION <u>Housewife</u> |
| (20) Number of children born to mother, including present birth <u>One</u> | (21) Number of children of this mother now living, including present birth <u>One</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mrs. Maggie Miller
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mr. Crozier

Given name added from a supplemental report

(26) Witness David Lee Mills (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/6 1923 (28) J. W. Kuntz 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.