

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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamston</u>		STATE OF SOUTH CAROLINA		44846	
Township of <u>West York</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>439</u>		Registered No. <u>35</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Mary Miller</u>					
(If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>28</u>	(7) DATE OF BIRTH <u>Dec 25 1923</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Jane Miller</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Mack</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Andrew &amp; C. R. R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Andrew &amp; C. R. R.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u>			(17) AGE AT LAST BIRTHDAY <u>28</u>		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>69</u> M., on the date above stated. (Born alive or stillborn: (Hour) P. M. or A. M.)					
(23) (Signature) <u>Whitty Summer</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Andrew &amp; C. R. R.</u>					
(26) Witness <u>Wm. Marlow</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>4/2</u> 1924 (28) <u>Wm. Marlow</u> 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.					