

(1) PLACE OF BIRTH

County of *York*Township of *Allen*

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3605*

File No.—For State Registrar Only

29625

Registered No. *87*
(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 *Eugene Milled*

If child is not yet named, make supplemental report as directed

(3) Sex of Child *Male* (4) Twin or Triplet *No* (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Apr 28 1923*
(Name, Month, Day, Year)(8) FULL NAME FATHER *Eugene Milled* (14) NAME BEFORE MARRIAGE MOTHER *Anna Gayton*(9) PRESENT POSTOFFICE OF FATHER *York SC* (15) PRESENT POSTOFFICE OF MOTHER *York SC*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *35* (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *36*(12) BIRTHPLACE *Orangeburg SC* (18) BIRTHPLACE *Orangeburg SC*(13) OCCUPATION *Farm Hand* (19) OCCUPATION *Farm wife*(20) Number of children born to mother, including present birth *6* (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* (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *James J. Funder*

(24) State whether Physician or Midwife (25) A Licensed Physician or Midwife

Given name added from a supplemental report

(26) Witness *J. B. Funder*
(Signature of Witness necessary only when Section 22 is signed by mother)(27) Filed *Vol 6 23**When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.