

## (1) PLACE OF BIRTH

County of Marion....  
 Township of Reaves....  
 of  
 Inc. Town of.....  
 of  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7811

Registration District No. 3705Registered No. 17  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, name instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Emmie McMillan If child is not yet named, make supplemental report as directed

(3) Sex or Child Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at birth 1 yr (7) DATE OF BIRTH Jan 15 1913  
 To be answered only in event of Twin or Triplet

FATHER.			MOTHER.		
(8) FULL NAME <u>Jack B McMillan</u>	(14) NAME BEFORE MARRIAGE <u>Annie Harrington</u>		(14) NAME BEFORE MARRIAGE <u>Annie Harrington</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>		(10) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>	
(12) BIRTHPLACE <u>Marion Co.</u>			(16) BIRTHPLACE <u>Marion Co.</u>		
(13) OCCUPATION <u>Farming</u>			(18) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated. (Born alive or stillborn. (Hour & M. & P. M.))

(23) (Signature) D. L. McMillan  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 25 1913 (28) D. L. McMillan Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.