

11. 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 1.

City of Columbia

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of Columbia

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18866

Registration District No. 382

Registered No. 431

(For use of Local Registrar)

(2) Full Name of Child Loris Miller

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 June 2, 1923

FATHER.

MOTHER.

(8) FULL NAME Orter Miller

(14) NAME BEFORE MARRIAGE Ear Lincoln

(9) PRESENT POSTOFFICE OF FATHER Columbia

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Richland, S.C.

(18) BIRTHPLACE Richland, S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 2618 ...

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 7, 1923 (28) W. L. ... Local Registrar.

When the was no attending physician or midwife, then the father, householder, etc., should make this return. If a child bathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

DO NOT SIGN BEFORE THE FIFTH MONTH OF PREGNANCY.