

FORM NO. 1 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

—Caw. of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) BOY OR GIRL?

no

(4) Twin or Triplet?

no

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 6 1916

FATHER.

(8) FULL NAME

Barley W. Miles

(9) PRESENT POSTOFFICE OF FATHER

Elmore S C

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

O'Connell Co

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Lee Reckmiller

(15) PRESENT POSTOFFICE OF MOTHER

Elmore S C

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

O'Connell Co

(19) OCCUPATION

Housewife

(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 alive at 10:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

Oct 28 1916

(28)

G. C. Keller

Local Registrar

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

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