

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3812

County of .....

Township of .....

City of .....

City of .....

Registration District No. 2 D. A. Registered No. 81

(For use of Local Registrar)

(No. 7 House St. 3 Ward)

(2) Full Name of Child Edna Evelyn Mills

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

3 SEX Girl	4 Twin or Triplet 1	5 Number in order of birth 1	6 Age Parents Married Yrs	7 DATE OF BIRTH Feb 16 1928 (Month) (Day) (Year)
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FATHER		MOTHER	
8 FULL NAME L. Mills	14 NAME BEFORE MARRIAGE Edna Coleman	9 PRESENT POSTOFFICE OF FATHER Florence, SC	15 PRESENT POSTOFFICE OF MOTHER Florence, SC
10 COLOR OR RACE White	11 AGE AT LAST BIRTHDAY 25	16 COLOR OR RACE White	17 AGE AT LAST BIRTHDAY 21
12 BIRTHPLACE Anderson, SC	13 OCCUPATION Clerk at R. G.	18 BIRTHPLACE Anderson, SC	19 OCCUPATION House wife
20 Number of children born to father, including present birth One	21 Number of children of this mother now living, including present birth One		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... (23) (Signature) (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

26 Give name added from a supplemental report	27 Witness (Signature of Witness necessary only when question 23 is signed by mark)
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28 Date	29
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If there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it shall not be reported as stillborn. No report is required of stillbirths before the sixth month of pregnancy.