

(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

381?

County of

Township of

or
City or Town of

City of Florence

Registration District No. 2, D.-A. Registered No. 87

(For use of Local Registrar)

(No. 9 House) St.; 3 (Ward)

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

(2) Full Name of Child Edna Evelyn Mills

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

(3) SEX OF CHILD Girl	(4) Twin or Triplet 1	(5) Number in order of birth 1	(6) Age Parents Married Yrs 40	(7) DATE OF BIRTH Feb 16 1928 (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME Wm L Mills	(14) NAME BEFORE MARRIAGE Edna Gleason	(9) PRESENT POSTOFFICE OF FATHER Florence SC	(15) PRESENT POSTOFFICE OF MOTHER Florence SC
(10) COLOR OR RACE White	(16) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 25	(17) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE Anderson SC	(18) BIRTHPLACE Washington SC	(13) OCCUPATION Clerk Ash Ry Co	(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... one (lb) 6 (oz) 1/2 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

Date Feb 27 1928

When 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.