

(1) PLACE OF BIRTH

County of Rowan

Township of

Inc. Town of

City of Asheboro

(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

12964

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child Steph. Milledge If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

May 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Milledge(9) PRESENT POSTOFFICE OF FATHER Asheboro(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 36

(Year)

(12) BIRTHPLACE Rowan(13) OCCUPATION Miner(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Milledge(15) PRESENT POSTOFFICE OF MOTHER Asheboro(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 26

(Year)

(18) BIRTHPLACE Rowan(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was May 27, 1923 at Asheboro on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Milledge

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Asheboro

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 28, 1923

(28)

Ray K. Kiser
Local Registrar

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