

Form No 1.

(1) PLACE OF BIRTH

County of FlorenceTownship of Jeffrey

Inc. Town of

or

City of

(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

46210

Registration District No. 2207Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child Ellie Miller

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet?

Is to be answered only in event of Twin or triplet

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH

Jan. 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

X X X

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Naomi Miller

(15) PRESENT POSTOFFICE OF MOTHER

Florence, S.C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY (Years)

Negro 16

(18) BIRTHPLACE

Florence Co.

(19) OCCUPATION

Field Hand

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Dr. Charles

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

Midwife Florence, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 27 is signed by mark)

(27) Filed

Feb. 11, 1916

(28)

Mrs. J. P. Gregg

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.

Deputy

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.

City of Columbia