(1) PLACE OF BIRTH

County of Anderson

Township of Pendleton

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

Registration District No. 310

File No.—For State Registrar Only: 12876

Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child X

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

(3) Color or Race: Fire

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are twins? No

(7) DATE OF BIRTH: 5 22 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: L. C. Miller

(9) PRESENT POSTOFFICE OF FATHER: Pendleton SC

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 56 (Years)

(12) BIRTHPLACE: Aud Co S.C.

(13) OCCUPATION: Farming

(14) Number of children born to mother, including present birth: 10

MOTHER.

(15) NAME BEFORE MARRIAGE: Chika Sanders

(16) PRESENT POSTOFFICE OF MOTHER: Pendleton SC

(17) AGE AT LAST BIRTHDAY: 40 (Years)

(18) COLOR OR RACE: Negro

(19) BIRTHPLACE: Aud Co SC

(20) OCCUPATION: Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. C. Horton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Pendleton, S.C.

Given name added from a supplemental report

.....

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed June 11 19 23 (28) H. W. Graves

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.

Local Registrar

Registrar

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