

(1) PLACE OF BIRTH

County of Charleston
Township of "

or
Inc. Town of "
or
City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

71737

Registration District No. 9A Registered No. 564

(For use of Local Registrar)

City of Charleston (No. 39 Bogard Street St.; " Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child None Miller } 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? yes (7) DATE OF BIRTH Aug. 10th 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Alvin Miller

(14) NAME BEFORE MARRIAGE Marie Garnett

(9) PRESENT POSTOFFICE OF FATHER Charleston

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Charleston

(18) BIRTHPLACE Edisto Island

(13) OCCUPATION Carpenter

(19) OCCUPATION at home

(20) Number of children born to mother, including present birth 3

(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 Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ardeane Noiset

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

Midwife 27 Doughty St.

Given name added from a supplemental report

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

(27) Filed 9556 (28) J. J. Harris 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.

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