

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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 71737

(1) PLACE OF BIRTH
 County of Charleston
 Township of "
 or
 Inc. Town of " Registration District No. 9A Registered No. 564
 or
 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.

(8) FULL NAME Alvin Miller
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Garnette
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Edisto Island
 (19) OCCUPATION at home
 (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) Ardeene Noisette
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 27 Doughty St.

Given name added from a supplemental report

 _____ 191____
 _____ Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9556 1916 (28) J. Mearns 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.

~~a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.~~