

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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 6.

(1) PLACE OF BIRTH

County of Charleston  
Township of 7  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
**20208**

Registration District No. 4500 Registered No. 257  
(For use of Local Registrar)

(2) Full Name of Child David Lee Miller  
If birth occurs in a hospital or other institution, give name of same instead of street and number.  
If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Mar 16 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>J. Miller</u>			14. NAME BEFORE MARRIAGE <u>Marie Miller</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Summerville</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>	
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>27</u> (Years)	16. COLOR OR RACE <u>White</u>		
12. BIRTHPLACE <u>SC</u>		17. AGE AT LAST BIRTHDAY <u>22</u> (Years)		
13. OCCUPATION <u>Farmer</u>		18. BIRTHPLACE <u>SC</u>		
		19. OCCUPATION <u>Domestic</u>		
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
(Born alive or stillborn) (Hour 6:00 AM)

(23) (Signature) D. J. Miller  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

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

(27) Filed Jan 16 1922 (28) 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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