

(1) PLACE OF BIRTH

County of FlamenceTownship of Lucas

OR

INC. TOWN OF.....

OR

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2007

File No.—For State Registrar Only

34429

Registered No. 113
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Colandrea Miles

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Age of Parent 43(7) DATE OF BIRTH Sept 27, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colandrea Miles(9) PRESENT POSTOFFICE OF FATHER Hyman R to(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33

(Year)

(12) BIRTHPLACE DC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Linnie Paton(15) PRESENT POSTOFFICE OF MOTHER Hyman DC R to(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 40

(Year)

(18) BIRTHPLACE DC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leroy Taylor(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Warsaw DC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/219 22(28) R. R. Stearns Local Registrar

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.