

## (1) PLACE OF BIRTH

County of Christchurch  
 Township of Christchurch  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17104

Registration District No. 1301 Registered No. 64  
 (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 William M. Millian If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 13, 1923  
 (Month of Month) (Day) (Year)

FATHER  
 (8) FULL NAME William M. Millian  
 (9) PRESENT POSTOFFICE OF FATHER Chenoweth  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION RR Hand

MOTHER  
 (14) NAME BEFORE MARRIAGE Mrs. Freeman  
 (15) PRESENT POSTOFFICE OF MOTHER Chenoweth  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 1 3 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Johnson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chenoweth SC

Given name added from a supplemental report

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

(27) Filed June 20, 1923 (28) P. B. Ingram 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.

FORM NO. 1 THE OTHER, No. 2, etc., in question 2. Bureau of Columbia, Columbia, S. C.