

(1) PLACE OF BIRTH

County of GreenvilleTownship of Onealor
Inc. Town of

City of

(No. 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 Effie Rhodie Miller

File No.—For State Registrar Only

4420

Registration District No. 2213 Registered No. 16
(For use of Local Registrar)

3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 7 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Horace Miller

(9) PRESENT POSTOFFICE OF FATHER

Taylor S.B.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Bell Miller

(15) PRESENT POSTOFFICE OF MOTHER

Taylor S.B.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

11

(21) Number of children of this mother now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

T. E. Nov 24

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

Mar 9 1932

(28)

Albert W. Newen
Local Registrar

19 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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