

(1) PLACE OF BIRTH

County of Saluda

Township of

or
the, Town ofor
City of Johnson, Sc

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19053

Registration District No. 71

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

(2) Full Name of Child

(3) BOY OR
GIRL? girl(4) Firs^t
or middle(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married

(7) DATE OF

BIRTH Jan. 1, 1943

(Month) (Day) (Year)

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

FATHER.

FULL NAME Burly Lee MillsPRESENT
POSTOFFICE
OR PATERSON Johnson Sc(9) COLOR
OR
RACE White(10) BIRTHPLACE Saluda - County(11) OCCUPATION Tuber(12) Number of children born to
mother, including present birth one(13) NAME BEFORE
MARRIAGE Laura McCullough(14) PRESENT
POSTOFFICE
OR MOTHER Johnson Sc(15) COLOR
OR
RACE White(16) BIRTHPLACE Saluda County(17) OCCUPATION Domestic(18) Number of children of this mother
now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive, at 8:45 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) R. S. Miller M.D.(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Saluda ScGiven name added from a supplemen-
tal report(24) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(25) Filed 19 (26) 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.