

(1) PLACE OF BIRTH
County of Lynch
Township of Fulton
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
24151

Registration District No. 4111 Registered No. 30
(For use of Local Registrar)

(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 Heyward Oscar Miller (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 3 6. Are Parents Married? Yes 7. DATE OF BIRTH June 28, 29
(Name of Month) (Day) (Year)

FATHER. 8. FULL NAME Jack Ardis 14. NAME BEFORE MARRIAGE MARY
MOTHER. Mary Davis

9. PRESENT POSTOFFICE OF FATHER Pinewood 15. PRESENT POSTOFFICE OF MOTHER Pinewood

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 30 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 28
(Years) (Years)

12. BIRTHPLACE SC 18. BIRTHPLACE SC

13. OCCUPATION Farm Hand 19. OCCUPATION Domestic

20. Number of children born to mother, including present birth 4 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 born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Hopkinson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pinewood

Given name added from a supplemental report

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

(27) Filed July 10, 19 (28) Ch. Luffin 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.