

IN PRASE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — for State Registrar only

43917

County of Greenville

Township of 11

of 11 Registration District No. 1109 Registered No. 8
or 11 (For use of Local Registrar)
City of Sampson Mill (No. Buncombe Road St. 11 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Syndell S. Miller If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28 23
(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Hellie Bridwell MOTHER. 11

(8) FULL NAME Paul Miller (15) PRESENT POSTOFFICE OF MOTHER Greenville

(9) PRESENT POSTOFFICE OF FATHER Greenville (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(Years)

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE S.C. (13) BIRTHPLACE S.C.

(14) BIRTHPLACE S.C. (15) OCCUPATION Domestic

(16) OCCUPATION Domestic (17) Number of children of this mother now living, including present birth 5

(18) Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive as 4 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Dr. H. H. H. (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) File for 11 (28) Two (29) Two

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.

Before the State Board of Health