

827

County of *Franklin*
 Township of *Berea*
 or
 Inc. Town of *City*
 or
 City of *Clyde*

Registration Number *0-1000*Registered No. *17*
 (For use of Local Registrar)(No.
 (If birth occurring in a hospital or other institution, give name of same instead of street and number.)
 St. Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed.

(a) Day on Born	(b) Time of Birth	Number in order of birth	(c) Age in months	(d) Date of death
10	5:45 P.M.	2	4 yrs	born Jan 10, 1923
To be answered only in event of Death or Stillbirth				

FATHER

(10) FULL NAME *Thomas Deslight Miller*
 (11) PRESENT
POSITION
OF FATHER *Goffney SC*
 (12) COLOR
OR
RACE *White* (13) AGE AT LAST
BIRTHDAY *24*
 (14) BIRTHPLACE *Goffney SC*
 (15) OCCUPATION *Cotton mill worker*

(20) Number of children born to
mother, 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 *alive* at *2:45 A.M.*
 on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness _____

(Signature of Witness necessary only
 when question 23 is signed by mark)(27) Date *Feb 10, 1923* (28) M. *F. Smith* *Local Physician*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.A child is considered stillborn if it does not breathe
 before the fifth month of pregnancy.