

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

Registration District No. 107

Registered No. 50

(For use of Local Registrar)

File No. — For State Registrar Only

62804

(2) Full Name of Child. Thomas Milford

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

(3) BOY OR
GIRL(4) Twin
or Triplet? 1(5) Number in
order of birth 5

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH

June 18 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

William Milford

(9) PRESENT
POSTOFFICE
OF FATHER

Abbeville SC

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY 26

(Years)

(12) BIRTHPLACE

Abbeville

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE
MARRIAGE

Lydia Briscoe

(15) PRESENT
POSTOFFICE
OF MOTHER

Abbeville

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY 22

(Years)

(18) BIRTHPLACE

Abbeville SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother
now living, 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 at 12 M.,
on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miller Means

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Abbeville SC 702Given name added from a supplement-
tal report

191

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 1 1916

(28)

ER Miller

Local Registrar.

CHILDREN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

*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.