

(1) PLACE OF BIRTH

County of Greenland
Township of Bates

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

File No. 56036
For State Registrar Only

Inc. Town of Registration District No. 2201 Registered No. 27
(For use of Local Registrar)
City of (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 John Howard 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 26 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Franklin Miller
(9) PRESENT POSTOFFICE OF FATHER Travellers Rest RFD
(10) COLOR OR RACE Wegro (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Pickens Co S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Maxwell
(15) PRESENT POSTOFFICE OF MOTHER Travelers Rest RFD
(16) COLOR OR RACE Wegro (17) AGE AT LAST BIRTHDAY 44 (Years)
(18) BIRTHPLACE Greenville Co
(19) OCCUPATION Housekeeper
(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) B. D. Stroud
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given in presence of witnesses, a copy of this certificate to be retained by the Registrar.
Stroud
Stroud

(26) Witnesses (Signature of Witness necessary only when question 22 is signed by mark)
(27) Local Registrar B. D. Stroud

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathing even after it could not be regarded as stillborn. No report is desired of stillbirths before the birth month of pregnancy.

MAKING SEPARATE RECORD FOR TWINNING.
WHEN PLACED, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.