

## (1) PLACE OF BIRTH

County of F. LawrenceTownship of    Inc. Town of    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 HealthRegistration District No. 2278No. 32164Registered No. 24

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are parents married <u>yes</u>	(7) DATE OF BIRTH <u>4-28-31</u>
(8) FULL NAME OF FATHER <u>William M. Miller</u>			(9) FULL NAME OF MOTHER <u>Lula Butler</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Canton S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Canton S.C.</u>	
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>37</u>	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>31</u>	
(16) BIRTHPLACE <u>S.C.</u>			(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) S. R. W. [Signature](24) State whether Physician or Midwife(25) Address of Physician or Midwife Wade S.C.

Given name added from a supplemental report

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

(27) Filed 10/24/23 (28) R. W. Carter 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.

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