

(1) PLACE OF BIRTH

County of *Colleton*Township of *Jefferson*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *John Miller*(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *No*

(7) DATE OF BIRTH

Mar 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

Two

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18188

Registration District No. *1204*Registered No. *28*
(For use of Local Registrar)

St.; Ward)

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

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.