

(1) PLACE OF BIRTH

County of Lancaster
Township of Cane Creek
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90509

Registration District No. 2801

Registered No. 105
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. J. McMillan
(9) PRESENT POSTOFFICE OF FATHER Lancaster, S. C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 48 (Years)
(12) BIRTHPLACE Lancaster Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Massey
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S. C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 44 (Years)
(18) BIRTHPLACE Lancaster Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Perry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster S. C.

Given name added from a supplemental report

(26) Witness B. J. McMillan
(Signature of Witness necessary when question 23 is signed by mark)

19 ..
Registrar

(27) Filed Jan 2 19 16 (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.

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