

## (1) PLACE OF BIRTH

County of *York*Township of *York*

OF

Inc. Town of .....

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 Health

File No.--For State Registrar Only

4244

Registration District No. *2506*Registered No. *14*

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child *Bergonia Mills*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 15 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *James Mills*(9) PRESENT POSTOFFICE OF FATHER *York*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *37*  
(Years)(12) BIRTHPLACE *York*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Indira Harris*(15) PRESENT POSTOFFICE OF MOTHER *York*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *37*  
(Years)(18) BIRTHPLACE *York*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *P. Darby*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *York*

(Given name added from a supplemental report)

*P. Darby*  
*June 6 1923*  
19 .....

Registrar

(26) Witness

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

(27) Filed *Feb 15 1923*

1923

(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.

Registrar

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