

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66254

(1) PLACE OF BIRTH

County

Township

Inc. Town of

City of

Registration District No.

Registered No.

(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

Januvia C. K. Miller

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Wm. J. Brockman

(9) PRESENT POSTOFFICE OF FATHER

New York 312

(10) COLOR OR RACE

C. C.

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Spartanburg S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Lillian Thompson

(15) PRESENT POSTOFFICE OF MOTHER

New York 312

(16) COLOR OR RACE

C. C.

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Spartanburg S.C.

(19) OCCUPATION

Domestic

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

2

(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 alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eugene P. Brockman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sparrow

Given name added from a supplemental report

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

(27) Date July 3, 1911 (28) M. M. Anderson Local Registrar

....., 1911

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.

MARGIN RESERVE FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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 2.

McCaw, of Columbia