

Form No. 1

(1) PLACE OF BIRTH

County of **ORANGE** **G. S. C.**Township of **PROVIDENCE**OF
Inc. Town of.....OF
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. **3614** Registered No. **79**
(For use of Local Registrar)

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

(2) Full Name of Child **Betha Miller**

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 Sept. 27, 1923 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME **Daniel Moore**(9) PRESENT POSTOFFICE OF FATHER **Edmore, S. C.**(10) COLOR OR RACE **colored** (11) AGE AT LAST BIRTHDAY **47**
(Years)(12) BIRTHPLACE **ORANGE G. S. C.**(13) OCCUPATION **Farming**(14) Number of children born to mother, including present birth **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **Melina Lofk**(15) PRESENT POSTOFFICE OF MOTHER **Edmore, S. C.**(16) COLOR OR RACE **colored** (17) AGE AT LAST BIRTHDAY **23**
(Years)(18) BIRTHPLACE **ORANGE G. S. C.**(19) OCCUPATION **Housekeeping**(20) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **alive** at **12:00** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Emily Hampton**(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Parley, S. C.**

Given name added from a supplemental report

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

(27) Filed **Oct. 6, 1923** (28) **H. N. Dantley**
Registrar 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.