

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of ColumbiaCity of Columbia

(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

5055

Registration District No. 36^a Registered No. 137

(For use of Local Registrar)

2) Full Name of Child Ethel Elizabeth Miller If child is not yet named, make supplemental report as directed(1) BOY OR GIRL G (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 3, 1923
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME John Choice Miller(2) PRESENT POST OFFICE OF FATHER 1403 Piedmont St(3) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28
(Years)(4) BIRTHPLACE SC(5) OCCUPATION Operator(6) Number of children born to father, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel McClain(15) PRESENT POST OFFICE OF MOTHER 1403 Piedmont St(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House(21) 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 born alive at 3 P. M. on the date above stated.
(Mark alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. [Signature]

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

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 3/8 1923 (28) A. J. Sloan 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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