

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....City of Charleston

(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

76029

Registration District No. 9A Registered No. 1023

(For use of Local Registrar)

(2) Full Name of Child Bell Miller { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 24</u> (Name of Month) (Day) (Year)
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To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL NAME Willie Miller(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION laborer(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie King(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION house work(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 alive at 3 O'clock evening on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Nelson

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

Midwife 32 Sumter St.

Given name added from a supplement

AM P.I.

JAN 12 1978

Registrar

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

(27) Filed 9/28/78 (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.