

(1) PLACE OF BIRTH

County of Williamsburg  
Township of North  
OF  
Inc. Town of  
OF  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

7706

Registration District No. 3106 Registered No. 13  
(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 Loisiger Miller If child is not yet named, make supplemental report as directed

3) SON OR GIRL  
4) Twin or Triplet?  
5) Number in order of birth  
To be answered only in event of Twin or Triplet

6) Are Parents Married?  
7) DATE OF BIRTH (Name, Month, Day, Year)

FATHER.

8) FULL NAME Robert Miller  
9) PRESENT POSTOFFICE OF FATHER Irmo  
10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28  
12) BIRTHPLACE Franklin, Tenn.  
13) OCCUPATION Laborer  
20) Number of children born to mother, including present birth

MOTHER.

14) NAME BEFORE MARRIAGE Martha Miller  
15) PRESENT POSTOFFICE OF MOTHER Irmo  
16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19  
18) BIRTHPLACE Franklin, Tenn.  
19) OCCUPATION Domestic  
21) Number of children of this mother now living, including present birth

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 . . . . . M or P M.

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife . . . . . or Midwife

Given name added from a supplemental report

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

(27) Filed . . . . . 19 . . . . . 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.