(1) PLACE OF BIRTH

County of Kirkland

Township of Center

or

Inc. Town of .....

or

City of .....

(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

8976

Registration District No. 3804 Registered No. 2

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Dora Bell Wilson

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Jan. 3 1922

FATHER.

(8) FULL NAME Peter Miller

(9) PRESENT POSTOFFICE OF FATHER Foston SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Kirkland Co SC

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Wilson

(15) PRESENT POSTOFFICE OF MOTHER Foston SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Kirkland Co SC

(19) OCCUPATION Farm Hand

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

(23) (Signature) Agnes Jones

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Foston SC

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Jan 11 1922 (28) A. B. Lowe

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.

M. H.—In case of ANY BIRTH OCCURRING IN A HOSPITAL OR OTHER INSTITUTION, THE OFFICIAL IN CHARGE SHALL MAKE THE RETURN. BLANKS FURNISHED BY BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C. FAILURE TO MAKE RETURN IS A MISDEMEANOR. See Section No. 2, etc. See Section 5.