

FORM NO. 5

MARGIN RESERVED FOR BINDING. 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 McCav. of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of _____
or
City of Charleston S.C. Registration District No. 9A
(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. 80565 For State Registrar Only

Registered No. 1166
(For use of Local Registrar)
St. 10 Ward _____
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Flora Eugene Miller

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 26 1916
To be answered only in case of Twins or Triplets

FATHER.
(8) FULL NAME Flora Eugene Miller
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Steamfitter
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Rankin
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Charleston
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive, at 5:40 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. A. Burton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 552 Mettome

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 Oct 30 1916 (28) Mercer Green 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.

Registrar _____ Filed 10/31 19 16 J.M. Green, M.D.
Corrected: Nov 26 1916 LEON BROY, M.D. REGISTRAR