

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

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston S.C.

(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 OnlyRegistration District No. IXRegistered No. 1166

(For use of Local Registrar)

St. 10 Ward(2) Full Name of Child Flora Eugene Miller

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 2

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 26

(Name of Month) (Day) (Year)

(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

(14) NAME BEFORE MARRIAGE

Annie Ransom

(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 Meeting

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) Merens Green M.D.

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

LEON BROY, M.D.

REGISTRAR