

(1) PLACE OF BIRTH

County of Barnwell
Township of Peel
or
Inc. Town of Swelling
or
City of Swelling

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

File No. — For State Registrar Only

65763

Registration District No. 609 Registered No. 14
(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child

Carver Miller

3 SEX OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 22
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Carver Miller
9 PRESENT POSTOFFICE OF FATHER Barnwell
10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34
(Years)
12 BIRTHPLACE Barnwell
13 OCCUPATION farmer

MOTHER.

14 NAME BEFORE MARRIAGE Jennie Garrett
15 PRESENT POSTOFFICE OF MOTHER Barnwell
16 COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
(Years)
18 BIRTHPLACE Barnwell Co.
19 OCCUPATION farmer
20 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 born alive at 11:30 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
Carver Miller

(23) (Signature) Carver Miller
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness W. B. Parker
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Mar 24 (28) Mr Parker
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.