

(1) PLACE OF BIRTH

County of Marion

Township of .....

or  
Inc. Town of Mulleus

or  
City of .....

### CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**27123**

Registration District No. 37B Registered No. 36  
(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 Roscoe Miles {If child is not yet named, make supplemental report as directed

7 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? yes  
7 DATE OF BIRTH April 27, 1922  
(Name) (Month) (Day) (Year)

#### FATHER.

8 FULL NAME Ellie Miles

9 PRESENT POSTOFFICE OF FATHER Mulleus SC

10 COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26  
(Years)

12 BIRTHPLACE Mulleus SC

13 OCCUPATION Laborer

20 Number of children born to mother, including present birth 14

#### MOTHER.

14 NAME BEFORE MARRIAGE Maud Peare

15 PRESENT POSTOFFICE OF MOTHER Mulleus SC

16 COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21  
(Years)

18 BIRTHPLACE Mulleus SC

19 OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 14

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mellou M. Couleffe M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Mulleus SC

Given name added from a supplemental report

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

(27) Filed July 29, 1922 (28) M. Schuffler 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 | Local Registrar  
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