

## (1) PLACE OF BIRTH

County of *Newberry*

Township of .....

Inc. Town of .....

City of *Newberry*

(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

No. *11355*Registration District *North*Registered No. *47*

(For use of Local Registrar)

(No. *Wright* St. *5* Ward)(2) Full Name of Child *Loxia Miller*

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

(1) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet <i>Twin</i>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>March 13, 1923</i>
(To be answered only in event of Twin or Triplet)				

## FATHER.

(1) FULL NAME *Frank E. Miller*(2) PRESENT POSTOFFICE OF FATHER *Newberry SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36* (Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Cotton Mill Operator*(20) Number of children born to mother, including present birth *7*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Kate McCarty*(15) PRESENT POSTOFFICE OF MOTHER *Newberry SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *SC*(19) OCCUPATION *House Wife*(21) Number of children of this mother now living, including present birth *7*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8:15 PM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. House*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Give name added from a supplemental report)

*J. S. Cunningham*  
*May 7, 1923*  
Registrar

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

(27) Filed *May 7, 1923* (28) *J. S. Cunningham*  
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.

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