

MARGIN RESERVE 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.  
DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Georgetown  
Township of Jugah  
or  
Inc. Town of.....  
or  
City of Westminster 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.—For State Registrar Only  
39568

Registration District No. 3505 Registered No. 462  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 10, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cloud M. Miller  
(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Year) (12) BIRTHPLACE Walhalla, S.C.  
(13) OCCUPATION Electrician

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie M. Irster  
(15) PRESENT POSTOFFICE OF MOTHER Same  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
(Year) (18) BIRTHPLACE Walhalla S.C.  
(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Third (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour and P. M.)

(23) (Signature) M. T. Simpson, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 1, 1922 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.