

(1) PLACE OF BIRTH

County of Barnwell
 Township of West Oak
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16769

Registration District No. 509 Registered No. 33
 (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 John Harmon Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be entered only in case of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH June 2, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Harmon Miller

(9) PRESENT POSTOFFICE OF FATHER Barnwell

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pappas

(15) PRESENT POSTOFFICE OF MOTHER Barnwell

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 (21) 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 alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Carter

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 11, 1923 (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.