

FORM NO. 6. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING 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.

WRI
N. B.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Columbia</u>		STATE OF SOUTH CAROLINA.		59349	
Township of <u>Manning</u>		Vital Statistics		Department of Health	
or Inc. Town of <u>Manning</u>		Registration District No. <u>13-A</u>		Registered No. <u>13</u>	
or City of		(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 <u>16 Maria Miller</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr. 12, 1914</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Clark Miller</u>			(14) NAME BEFORE MARRIAGE <u>Mathie Hudson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Manning S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Manning S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Grovesville S.C.</u>			(18) BIRTHPLACE <u>Kingslee S.C.</u>		
(13) OCCUPATION <u>Chick</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth { <u>3</u>			(21) Number of children of this mother now living, including present birth { <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> , at <u>Manning</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>John D. ...</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
<u>Physician</u> <u>Manning S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>June 7, 1914</u>		
..... Registrar			(28) <u>A. S. Todd</u> 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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