

FORM NO. 6. MARGIN RESERVED 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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Columbia
 Township of Manning
 or Town of Manning
 or City of _____ (No. _____ St.; _____ Ward)
 (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.
 Vital Statistics
 and of Health

File No.—For State Registrar Only
59349

Registration District No. 13-A Registered No. 13
 (For use of Local Registrar)

(2) Full Name of Child Wanita Miller { 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>In case of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>
FATHER.		MOTHER.	
(8) FULL NAME <u>Chady Clark Miller</u>		(14) NAME BEFORE MARRIAGE <u>Walter 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>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Goryton S.C.</u>		(18) BIRTHPLACE <u>Kingston S.C.</u>	
(13) OCCUPATION <u> Clerk</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 born, at Manning, S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) God. Jackson M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report _____, 191____
 _____ Registrar

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

(27) Filed June 7, 191____ (28) A. S. Todd 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

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