

(1) PLACE OF BIRTH

County of Darlington

Township of

or Inc. Town of Hortonville

or City of

(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

3867

Registration District No. 15B Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Jamita Ruth Miles St.; Ward)(1) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Age Parents Married? yr (7) DATE OF BIRTH May 19 1922
If child is not yet named, make supplemental report as directed

FATHER.

(3) FULL NAME James Wesley Miles(8) PRESENT POSTOFFICE OF FATHER Hortonville SC(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 21.6 (Years)(11) BIRTHPLACE So(12) OCCUPATION San Bell Telephone Co(13) Number of children born to mother, including present birth 1.3

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Eugenie Wright(15) PRESENT POSTOFFICE OF MOTHER Hortonville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Darlington Co(19) OCCUPATION House(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 9 15 P on the date above stated. (Each alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Miles(24) State whether Physician or Midwife mid (25) Address of Physician or Midwife Hortonville SC

Given name added from a supplemental report

(26) Witness

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

(27) Signed July 24 1922 (28) W. J. McKee

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.