

(1) PLACE OF BIRTH

County of Bamberg
 Township of Buford Bridge
 or
 Inc. Town of Clarke
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4093

Registration District No. 40.1 Registered No. 137
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lenna McMillan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 21, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Isreal McMillan</u>	(14) NAME BEFORE MARRIAGE <u>Viola Kesse</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Clarke</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Clarke</u>
(10) COLOR OR RACE <u>col</u>	(16) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Bamberg Co</u>	(18) BIRTHPLACE <u>Bamberg Co</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farm work.</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lubie Grant
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Clarke

Given name added from a supplemental report

LAR
april 10/26/43
 Registrar

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

(27) Filed Jan 6, 1923 (28) J. E. Bennett 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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