

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3921

County of

Township of

or
Inc. Town of.....

or
City of

Registration District No. 10000

Registered No.
(For use of Local Registrar)

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 Isaac Lee Miller If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

4) Twin
of Triplet?

(5) Number in order of birth 1

(B) Are Parents Married?

(7) DATE OF

BIRTH 1918 10 19
(Name of Month) (Day) (Year)

FATHER

D FULL NAME

9) PRESENT
PCSTOFFICE
OF FATHER

13) COLOR OR RACE

12 BIRTHPLACE

13. OCCUPATION

2. Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY

(123)

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(12) I hereby certify that I attended the birth of this child, who was, John at 1:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 27 is signed by mark)

(27) Filed 7/

194 (25)

(29) Local Director

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.