

(1) PLACE OF BIRTH
County of Lancaster
Township of Dials
or
Inc. Town of
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

39094

Registration District No. 2901 Registered No. 112
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 22, 1911</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Crofford Miller</u>		(14) NAME BEFORE MARRIAGE <u>Laura Mack</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Owings, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Owings, S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Field hand</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Phar. E. Rogers, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gay Court, S.C.

Given name added from a supplemental report

..... 101.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Dec 5, 1911 (28) H. C. Martin
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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