

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Fish Dam

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

66522

Registration District No. 4203 Registered No. 27

(For use of Local Registrar)

St.; Ward)

(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Leavis Miller(3) BOY OR GIRL Girl (4) Twin or triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Miller(9) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE S. S.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Mary Ann Allen(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE S. S.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Kelly(24) State whether Physician or Midwife (25) Address of Physician or Midwife Carlisle, S. S.

Given name added from a supplemental report

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

(27) Filed July 6 1916 (28) P. H. Jeter 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.

WRITING PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia