

1. PLACE OF BIRTH

County of OrangeburgTownship of Madisonor
Inc. Town ofor
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

65877

Registration District No. 3620Registered No. 64

(For use of Local Registrar)

(2) Full Name of Child Maech Miller

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

(1) BOY OR GIRL? <u>girl</u>	(4) Twin <u>John</u> or Triplet?	(5) Number in order of birth <u>6</u>	(6) Are <u>Married</u> Parents Married?	(7) DATE OF BIRTH <u>June 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Miller(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Orangeburg Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Anna McKeely(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Orangeburg Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Robin(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Orangeburg S.C.

Given name added from a supplemental report

191

Registrar

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

(27) Filed July 1 1911 (28) W. H. Duke 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.

MAKING RECORDS IN THE BUREAU OF VITAL STATISTICS. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 1.