

(1) PLACE OF BIRTH

County of Fairfield
Township of Marble
of
Inc. Town of St.
of
City of

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

File No. - For State Registrar Only
3781

Registration District No. 18 Registered No. 3
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child

1. SEX OR GIRL? 5 (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH July 17, 1923
(Name of Month) (Day) (Year)

FATHER.
8. FULL NAME Russell Miller
9. PRESENT POSTOFFICE OF FATHER St. Louis
10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Year)
12. BIRTHPLACE Mo
13. OCCUPATION Farmer

MOTHER.
14. NAME BEFORE MARRIAGE Anna M. Miller
15. PRESENT POSTOFFICE OF MOTHER St. Louis
16. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Year)
18. BIRTHPLACE Mo
19. OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. Miller
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Louis

(Given name added from a supplemental report)

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

(27) Filed 26 July 1923 (28) 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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