

Form No. 1

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

(1) PLACE OF BIRTH  
 County of Fairfield  
 Township of 15  
 OR  
 Inc. Town of ..... Registration District No. 1914 Registered No. 24  
 OR  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
64259

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

(3) <b>BOY OR GIRL?</b>	(4) <b>Twin or Triplet?</b> <small>Indic amount only in case of twins or triplets</small>	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b> <u>Yps</u>	(7) <b>DATE OF BIRTH</b> <u>June 29 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) <b>FULL NAME</b> <u>John Mills</u>			(14) <b>NAME BEFORE MARRIAGE</b> <u>Olla Woods</u>	
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Monticello Sc</u>			(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Monticello Sc</u>	
(10) <b>COLOR OR RACE</b> <u>Negro</u>	(11) <b>AGE AT LAST BIRTHDAY</b> <u>37</u> <small>(Years)</small>	(16) <b>COLOR OR RACE</b> <u>Negro</u>	(17) <b>AGE AT LAST BIRTHDAY</b> <u>29</u> <small>(Years)</small>	
(12) <b>BIRTHPLACE</b> <u>Fairfield Co Sc</u>			(18) <b>BIRTHPLACE</b> <u>Fairfield Co Sc</u>	
(13) <b>OCCUPATION</b> <u>Farm laborer</u>			(19) <b>OCCUPATION</b> <u>House wife</u>	
(20) <b>Number of children born to mother, including present birth</b> { <u>3</u>			(21) <b>Number of children of this mother now living, including present birth</b> { <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... 11 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna M. Coife  
 (24) State whether Physician or Midwife {  
 (25) Address of Physician or Midwife Monticello Sc

Given name added from a supplemental report  
Nov 11 1916  
C. W. Miller  
Super Registrar

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

(27) Filed June 1916 (28) J. A. Scott  
 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OFFICER, No. 2, etc., in question 5.  
 M. C. C. of Columbia