

Form No. 1

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 15
 Inc. Town of
 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
64259

Registration District No. 1914 Registered No. 24
 (For use of Local Registrar)

City of (No. St. Ward) ...

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Mills</u>	(14) NAME BEFORE MARRIAGE <u>Olla Brooks</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Monticello Tc</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Monticello Tc</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Fairfield Co Tc</u>	(18) BIRTHPLACE <u>Fairfield Co Tc</u>	(13) OCCUPATION <u>Farm laborer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth { <u>3</u>	(21) Number of children of this mother now living, including present birth { <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. Coile
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Monticello Tc

Given name added from a supplemental report
Not 11 1916
Anna M. Coile
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.

WHITE 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 OTHER, No. 2, etc., in question 5.
 M. Caw. of Columbia