

**CERTIFICATE OF BIRTH**

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

File No. — For State Registrar Only

79270

(1) PLACE OF BIRTH  
County of  *Spartanburg*  
Township of  *Rock Hill*  
or  
Inc. Town of  
or

Registration District No.  *1004* Registered No.  *16*  
(For use of Local Registrar)

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

(2) Full Name of Child  *John Miller* If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL  *Boy* (4) Twin or Triplet? (5) Number in order of birth  *1* (6) Are Parents Married?  *Yes* (7) DATE OF BIRTH  *May 17 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**

**MOTHER**

(8) FULL NAME  *Russell Miller*

(14) NAME BEFORE MARRIAGE  *Martha Carter*

(9) PRESENT POSTOFFICE OF FATHER  *Arcadia S.C.*

(15) PRESENT POSTOFFICE OF MOTHER  *Arcadia S.C.*

(10) COLOR OR RACE  *Col.* (11) AGE AT LAST BIRTHDAY  *21* (Years)

(16) COLOR OR RACE  *Col.* (17) AGE AT LAST BIRTHDAY  *18* (Years)

(12) BIRTHPLACE  *Rocky Co. S.C.*

(18) BIRTHPLACE  *S.C.*

(13) OCCUPATION  *Saw man at C. Mills*

(19) OCCUPATION  *House wife*

(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  *alive* at  *6:00* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  *James Taylor* (24) State whether Physician or Midwife  *Midwife* (25) Address of Physician or Midwife  *Arcadia S.C.*

Given name added from a supplemental report

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

(27) Filed  *1916* (28)  *M. M. Anderson* 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.