

(1) PLACE OF BIRTH

County of

Township of

or
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

79270

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

(No. St.; Ward)

(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? (7) DATE OF BIRTH Aug. 17 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Russell Miller

(9) PRESENT POSTOFFICE OF FATHER Cordia SC

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

(12) BIRTHPLACE Potters Co SC

(13) OCCUPATION Live man of C mells

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Martha Carter

(15) PRESENT POSTOFFICE OF MOTHER Cordia SC

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

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(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 Carter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Signed 1916 (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.