

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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 1.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Cherokee</u></p> <p>Township of <u>Diamond Hill</u></p> <p>Inc. Town of</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>No. <u>8058</u></p>
<p>Registration District No. <u>104</u></p>		<p>Registered No. <u>12</u></p> <p>(For use of Local Registrar)</p>		
<p>(2) Full Name of Child: <u>Carrie Miller</u></p> <p>(If child is not yet named, make supplemental report as directed)</p>				
<p>(3) SEX OR GUILD <u>Girl</u></p>	<p>(4) Twin or Triplet</p>	<p>(5) Number in order of birth</p>	<p>(6) Age at birth</p>	<p>(7) DATE OF BIRTH <u>Apr 13 23</u></p> <p>(Month of Month) (Day) (Year)</p>
<p>FATHER.</p>		<p>MOTHER.</p>		
<p>(8) FULL NAME <u>Lucas Miller</u></p>		<p>(14) NAME BEFORE MARRIAGE <u>Ann Marie Shinn</u></p>		
<p>(9) PRESENT RESIDENCE OF FATHER <u>Cherokee S.C.</u></p>		<p>(15) PRESENT RESIDENCE OF MOTHER <u>Cherokee S.C.</u></p>		
<p>(10) COLOR OR RACE <u>Colored</u></p>		<p>(16) COLOR OR RACE <u>Colored</u></p>		
<p>(11) AGE AT LAST BIRTHDAY <u>28</u></p>		<p>(17) AGE AT LAST BIRTHDAY <u>18</u></p>		
<p>(12) BIRTHPLACE <u>Cherokee S.C.</u></p>		<p>(18) BIRTHPLACE <u>Cherokee S.C.</u></p>		
<p>(13) OCCUPATION <u>Farming</u></p>		<p>(19) OCCUPATION <u>Teacher</u></p>		
<p>(20) Number of children born to mother, including present birth <u>1</u></p>		<p>(21) Number of children of this mother now living, including present birth <u>1</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p>				
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive or stillborn</u> on the date above stated.</p>				
<p>(23) (Signature) <u>Carrie Miller</u></p>				
<p>(24) State whether Physician or Midwife <u>Physician</u></p>				
<p>(25) (Signature of Physician or Midwife) <u>Carrie Miller</u></p>				
<p>Given name added from a supplementary report</p>				
<p>(26) Witness <u>Carrie Miller</u></p>				
<p>(27) Signed <u>Carrie Miller</u> Local Registrar.</p>				

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 birth month of pregnancy.