

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lowry

OR

Inc. Town of West

OR

City of Eastover

(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

36291

Registration District No. 3803Registered No. 259
(For use of Local Registrar)

(2) Full Name of Child

Henry Miller

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?

(7) DATE OF

BIRTH 1918 10 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJohn Miller(9) PRESENT
POSTOFFICE
OF FATHEREastover S.C.(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY31
(Years)

(12) BIRTHPLACE

Richland Co

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth6

MOTHER.

(14) NAME BEFORE
MARRIAGESophia Lovett(15) PRESENT
POSTOFFICE
OF MOTHEREastover S.C.(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

Richland Co

(19) OCCUPATION

Farmer(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 5:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline O. Gussner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1913 10 22

(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.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 5.

McGraw-Hill, Columbia, S. C.