

Form No. 2

(1) PLACE OF BIRTH

County of Darlington

Township of

or

Inc. Town of

City of Georgetown, S.C.

(If birth occurs in hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Winnu W. Miller

FILED IN THE State Registrar's Office

35701

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1723 Registered No. 21

(For use of Local Registrar)

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth ✓(6) Age Previous Months? 0(7) DATE OF BIRTH Sept. 5, 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James V. Miller(9) PRESENT POSTOFFICE OF FATHER S. C. George S. C.(10) COLOR OR RACE Col'd(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION School Teacher(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Paula B. Summers(16) PRESENT POSTOFFICE OF MOTHER S. C. George S. C.(17) COLOR OR RACE Col'd(18) AGE AT LAST BIRTHDAY 24

(Years)

(19) BIRTHPLACE S. C.(20) OCCUPATION Housewife(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 the date above stated.(23) (Signature) W. J. S. Jennings(24) Date whether Physician or Midwife midwife(25) Address of Physician or Midwife S. C. George S. C.

Given name added from a supplemental report

(26) Witness Mrs. J. S. Jennings

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec. 12, 1923 at Georgetown, S.C.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired at any time during the month of pregnancy.