

Form No. 10. MARGIN RESERVED FOR BINDING. 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.

(1) PLACE OF BIRTH  
 County of Wayne  
 Township of York  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**44878**

Registration District No. .... Registered No. 51  
 (For use of Local Registrar)  
 City of ..... 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 Marion Miller } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 1 (4) Twin or triplet? 1 (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Beville Miller  
 (9) PRESENT POSTOFFICE OF FATHER York  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE .....

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Marion Miller  
 (15) PRESENT POSTOFFICE OF MOTHER York  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE .....

(13) OCCUPATION Teacher  
 (19) OCCUPATION Teacher  
 (20) Number of children born to mother, including present birth 7  
 (21) Number of children of this mother now living, including present birth 7  
**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) W. H. Miller  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 25 1916 (28) W. H. Miller 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.

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