

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st St. John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 702 Registered No. 702
 (For use of Local Registrar)

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

(2) Full Name of Child Creana Milligin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Milligin

(9) PRESENT POSTOFFICE OF FATHER Bonneau SC

(10) COLOR OR RACE Chero (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Berkley co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A. Jackson

(15) PRESENT POSTOFFICE OF MOTHER Bonneau SC

(16) COLOR OR RACE Chero (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE Berkley co SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 a M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aggie F. Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonneau SC

Given name added from a supplemental report David Milligin

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

(27) (Signature of Physician or Midwife) R. A. Lumb

*When there was no attending physician or midwife, the father, householder, etc., should sign. If a child breathes even once, it must be reported as born alive. No report is desired for stillborn.

MARGIN RESERVED FOR BINDING. WHEN BLANK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and refer the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE IN SOUTH CAROLINA. COLUMN 5, P. 1.