

MARGIN RESERVED FOR INDEXING.
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.

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

File No.—For State Registrar Only
66271

(1) PLACE OF BIRTH
County of Charleston
Township of Pacolet
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 400 Registered No. 84
(For use of Local Registrar)
St.; _____ Ward _____
is not yet named, make supplemental report as directed

(2) Full Name of Child Thurmond D. Millwood

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>June 6 6</u>
FATHER.			MOTHER.	
(8) FULL NAME	(14) NAME BEFORE MARRIAGE <u>Annice E. Millwood</u>			
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Trough SC</u>			
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY (Years) <u>19</u>		
(12) BIRTHPLACE	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth	(21) Number of children of this mother new living, including present birth			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:15 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. L. Kirkpatrick
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pacolet, S.C.

Given name added from a supplemental report

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

(27) Filed June 12 1916 (28) M. W. Brown 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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