

Form No. 1

## (1) PLACE OF BIRTH

County of Harry  
 Township of Little River  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. — For State Registrar Only

7118

Registration District No. 2127 Registered No. ....  
 (For use of Local Registrar)

(No. .... 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 Georgia Milled 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  
 To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 6, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Lucian D Milled9) PRESENT POSTOFFICE OF FATHER Monroe SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
 (Years)

12) BIRTHPLACE Harry Co SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 8

## MOTHER.

14) NAME BEFORE MARRIAGE Ora Causey15) PRESENT POSTOFFICE OF MOTHER Monroe SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
 (Years)

18) BIRTHPLACE Harry Co SC19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Hendall (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Monroe SC

(Given name added from a supplemental report)

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

(27) Filed Mar. 14, 1923 (28) L. M. C. Milled 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.

FIRST-BORN NO. 1 THE OTHER, NO. 2, etc., in question 5