

## (1) PLACE OF BIRTH

County of Marion  
 Township of Bauer  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7826

Registration District No. 3705 Registered No. 27  
 (For use of Local Registrar)

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

(2) Full Name of Child David Reams McMillan If child is not yet named, make supplemental report as directed

(3) Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 14, 1913  
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME George Reams McMillan (14) NAME BEFORE MARRIAGE Sallie Reams  
 (9) PRESENT POSTOFFICE OF FATHER W. Mullins (15) PRESENT POSTOFFICE OF MOTHER Mullins  
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Marion Co. (18) BIRTHPLACE Woodbury, Ga.  
 (13) OCCUPATION Farming (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 3 (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 6 P. M. on the date above stated. (Born alive or stillborn? Mark A. M. or P. M.)

(23) (Signature) J. M. McMillan M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

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

(27) Filed Mar. 19, 1913 (28) J. M. McMillan Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once at any time during the month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.