

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72768

(1) PLACE OF BIRTH

County of

Florence

Township of

Lyuch

or
Inc. Town of

Registration District No. 2010

Registered No. 54

(For use of Local Registrar)

City of

(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 George Wesley Mills

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Mills

(9) PRESENT POSTOFFICE OF FATHER

Unknown

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

So. Car.

(13) OCCUPATION

Farm Hand

MOTHER.

(14) NAME BEFORE MARRIAGE

Della Hedgepath

(15) PRESENT POSTOFFICE OF MOTHER

Cowards / S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

So. Car.

(19) OCCUPATION

Housewife

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

7

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anne Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife of J. L. Cowards, S.C.

Given name added from a supplemental report

(26) Witness

E. J. Montgomery
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug. 17 1916

(28)

E. J. Montgomery
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.

MARGIN RESERVED FOR BINDING. 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. McCaw of Columbia.