

County of Albion
Township of Bernttsville
or
Inc. Town of
or
City of

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

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

File No.—For State Registrar Only
43706

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 1 57</i> (Name of Month) (Day) (Year)
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(10) FULL NAME *Jesse Miles*

(9) PRESENT POST OFFICE OF FATHER *Bennettsville, S.C.*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *29* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *6*

(14) NAME BEFORE MARRIAGE Annie Bell Spian

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 56 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

(22) I hereby certify that I attended the birth of this child, who was active at 3 a. M.,
on the date above stated. 7 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Spears
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplement-
tal report

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

(27) FINE 16 (28) 10 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.