

THIS IS A PERMANENT RECORD.  
 IF CHILD IS A TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">40862</div>
County of <u>Anderson</u>		Registration District No. <u>307</u>		Registered No. <u>105</u>
Township of <u>Martin</u>				(For use of Local Registrar)
Inc. Town of .....				
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 <u>Robert Carol Miller</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 8 1922</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Robert Miller</u>		(14) NAME BEFORE MARRIAGE <u>Bertha Richard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Anderson</u>		(18) BIRTHPLACE <u>Anderson</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>		(21) Number of children of this mother now living, including present birth <u>Three</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... P.M., on the date above stated. <small>(Born alive or stillborn), (Hour A.M. or P.M.)</small>				
(23) (Signature) <u>[Signature]</u>		(25) Address of Physician or Midwife <u>[Address]</u>		
(24) State whether Physician or Midwife				
Given name added from a supplemental report .....		(26) Witness ..... <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
..... 19 ..... Registrar		(27) Filed <u>Jan 8 1922</u> (28) <u>R. P. Robinson</u> Local Registrar		
<p>*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.</p>				

....., etc., should make this return.  
 .. no report is desired of stillbirths  
 .. pregnancy.