

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "or
City of "

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71195

Registration District No. 9 K Registered No. 295-

(For use of Local Registrar)

(No. " St. " Ward ")(2) Full Name of Child Frank Mills { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Aug. 12, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEGene Mills(9) PRESENT
POSTOFFICE
OF FATHERAnderson(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY25
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGEEffie Broad(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY24
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:45 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Blanton(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M. D.Given name added from a supplement-
tal report

, 191....

Registrar

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 191 (28) J. B. Blanton
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.

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