

MACAW OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Kershaw
Township of DeKalb
OR
Inc. Town of

CERTIFICATE OF BIRTH

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

No. 308477
For State Registrar Only

Registration District No. 2701 Registered No. 198
(For use of Local Registrar)
(No. St. Ward)

(2) Full Name of Child John Mills

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Age Parents Married 1st (7) DATE OF BIRTH 5 24 23
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Sidney Mills
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29
(12) BIRTHPLACE Missouri
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Lena Gandy
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Missouri
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sarah Mills
(24) State whether Physician or Midwife Midwife (25) Address of Physic. or Midwife

Given name added from a supplemental report
John Mills
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(26) Witness (Signature of Witness necessary only when question 23 is signed by father)
(27) Signed Cert. 5/23 (28) R. M. ... 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.