

(1) PLACE OF BIRTH

County of Kershaw
 Township of Wichita
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar
308477

Registration District No. 7701

Registered No. 198
 (For use of Local Registrar)

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

(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) Sex Male (7) DATE OF BIRTH May 19 1911
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME Sidney Mills

(14) MOTHER'S NAME BEFORE MARRIAGE Lena Gandy

(9) PRESENT POSTOFFICE OF FATHER Columbia

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Year)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE St. Louis

(18) BIRTHPLACE St. Louis

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn 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 Physician or Midwife Wichita

Given name added from a supplemental report

John Mills

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

(27) Signed Cert. by (28) R. M. 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.