

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of St. James  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**33826**

Registration District No. 1309 Registered No. 70  
 (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 Carrie Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mackie Miller

(9) PRESENT POSTOFFICE OF FATHER Davis St. S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 39  
 (Year)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Miller

(15) PRESENT POSTOFFICE OF MOTHER Davis St. S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35  
 (Year)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Home Free

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lestudie Simon

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 21 22 (28) H. C. Richburg 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.

MARGIN RESERVED FOR BINDING.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MEGAN OF COLUMBIA, COLUMBIA, S. C.