

FORM NO. 7
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS 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 County of <u>Newberry</u> Township of <u>No. 1</u> 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 43793	
Registration District No. <u>34-A</u>		Registered No. <u>184</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Winnie Miller</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 6, 1912</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Miller</u>			(14) NAME BEFORE MARRIAGE <u>Ida Mae Surber</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>Newberry S.C.</u>			(18) BIRTHPLACE <u>Newberry S.C.</u>		
(13) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Harbor Laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Amelia T. Sheaks</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Newberry S.C.</u>					
(26) Witness <u>S. S. Cunningham</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Dec. 22, 1912</u> (28) <u>S. S. Cunningham</u> 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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