

(1) PLACE OF BIRTH

County of PerkleyTownship of 2ndor
Dist. Town of JamesCity of —

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 10-A Registered No. 2

(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 James Allen Miller

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Age of Mother <u>—</u>	(7) DATE OF BIRTH <u>Jan. 12, 1923</u>
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FATHER.

(8) NAME George C. Miller

(9) PRESENT RESIDENCE OF FATHER Munch's Corner A.C.

(10) COLOR OF FATHER White (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Perkley County

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Lee

(15) PRESENT RESIDENCE OF MOTHER Munch's Corner A.C.

(16) COLOR OF MOTHER White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Perkley County

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Three (3)

(21) Number of children of this mother now living, including present birth Three (3)

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. (Sign alive or stillborn) (Hour A. M. or P. M.) 4:30 P. M.(23) (Signature) Wm. Harvey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summersville, A.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 10, 1923 (28) R. G. Hammer 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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