

PLACE OF BIRTH

City of Spartanburg
County of Campbell
Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19144

Registration District No. 40A1-A Registered No. 32
(For use of Local Registrar)

(No. St.) Ward)

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

Full Name of Child J. D. Miller

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

SEX OR Boy (1) Twin or Triplet? No (2) Number in order of birth 1 (3) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1923
(Name of Month) (Day) (Year)

FATHER
FULL NAME Willie Price
PRESENT POSTOFFICE OF FATHER Campbell SC #3
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Year)
BIRTHPLACE S.C.
OCCUPATION Farmer

MOTHER
(14) NAME BEFORE MARRIAGE Jora Belle Purvis
(15) PRESENT POSTOFFICE OF MOTHER Campbell SC #3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

Number of children born to mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) T. O. Morrison
(23) State of Father Physician (24) Address of Physician or Midwife Campbell SC #2

On name added from a supplemental report

Gamie Fairley
Oct 1 1923
Registrar

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

(27) Filed June 12 1923 (28) C. I. Mayberry
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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