

(1) PLACE OF BIRTH

County of BambergTownship of 3 miles

Inc. Town of

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

Registration District No. 404Registered No. 1675

(For use of Local Registrar)

(2) Full Name of Child

Juanita McMillan (If child is not yet named, make supplemental report as directed)(3) SEX OR
CHILD Girl (4) Type
or Tissue ju (5) Number in
order of birth 3 (6) Age
months ju (7) DATE OF
BIRTH May 15 23
(Name of Month) (Day) (Year)FATHER.
(8) FULL
NAME John McMillan
(9) PRESENT
RESIDENCE
OF FATHER Edwards St
(10) COLOR
OR
RACE Wm. (11) AGE AT LAST
BIRTHDAY 27
(Year)
(12) BIRTHPLACE St
(13) OCCUPATION Farmer
(14) Number of children born to
mother, including present birth 3MOTHER.
(14) NAME BEFORE
MARRIAGE Mary Ransom
(15) PRESENT
RESIDENCE
OF MOTHER Edwards St
(16) COLOR
OR
RACE Col (17) AGE AT LAST
BIRTHDAY 23
(Year)
(18) BIRTHPLACE St
(19) OCCUPATION Labored on farm
(20) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Trilus Carter
(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Edwards StGiven name added from a supplement-
tal report(25) Witness (Signature of Witness necessary only
when question 23 is signed by mother)(26) Filed July 7 1923 (27) RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should sign.
If a child breathes even once, it must not be reported as stillborn. No report is necessary
before the fifth month of pregnancy.