

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

(2) Full Name of Child

(3) BOY OR
GIRL?

L. J. J.

Twin
or Triplet?(4) Number in
order of birth(5) Are
Parents
Married?(6) DATE OF
BIRTH

June 14, 1916

(Name of Month) (Day) (Year)

FATHER

(7) FULL
NAME

Lester Miller

(8) PRESENT
POSTOFFICE
OF FATHER

Shiloh

(9) COLOR
OR
RACE

Negro

(10) AGE AT LAST
BIRTHDAY

30

(Years)

(11) BIRTHPLACE

Sumter Co. S.C.

(12) OCCUPATION

Farming

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

8

MOTHER

(14) NAME BEFORE
MARRIAGE

Lillie E. Epps

(15) PRESENT
POSTOFFICE
OF MOTHER

Shiloh

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Sumter Co. S.C.

(19) OCCUPATION

Housekeeper

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Lillie E. Epps

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Shiloh P.O. S.C.

(26) Given name added from a supplement-
tal report

(27) Witness

Lester Miller

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

(28) Filed 6-15-1916

(29) S. B. McIlwain

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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