

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Registration District No. 2204

Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Robert Samuel Miller
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth —
to be reported only in case of living triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 1, 1916
(Name of Month) (Day) (Year)(8) FULL NAME R. E. Miller(9) PRESENT POSTOFFICE OF FATHER Greer SC(10) COLOR White(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE Lena Jones(15) PRESENT POSTOFFICE OF MOTHER SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. James(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greer, SC

Given name added from a supplemental report

(26) Witness J. H. James

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

(27) Filed 3-7-1916

(28)

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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