

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWILIGHTS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
PRINTED—NO. 1 THE OTHER, No. 2, etc., in question 5.  
MEDICAL, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston, S.C.  
(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

File No.—For State Registrar Only

3441

Registration District No. 9 A

Registered No. 293

(For use of Local Registrar)

(No. 30 Warren

St.; ..... 8 Ward)

(2) Full Name of Child

Miller

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

(3) BOY OR GIRL Boy  
(4) Twin or Triplet?  
(5) Number in order of birth  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH Feb 9 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Miller  
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.  
(10) COLOR OR RACE White  
(11) AGE AT LAST BIRTHDAY 30  
(12) BIRTHPLACE Charleston, S.C.  
(13) OCCUPATION U.S. Navy Lt.  
(14) Number of children born to mother, including present birth 1 First

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Elizabeth Miller  
(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 25  
(18) BIRTHPLACE Charleston, S.C.  
(19) OCCUPATION Wife  
(20) Number of children of this mother now living, including present birth 1 First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ben. Miller at 309 M. on the date above stated.  
(Born alive or stillborn) (H. or A. M. or P. M.)

(23) (Signature) R. P. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Charleston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/25/22

19

Dr. H. M. Wilson

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.

a supplemental report

(Date of)

Filed 2/25/22

19

sub-

Registrar

Registrar

Cor - 9-9-37