

(1) PLACE OF BIRTH

County of OrangeTownship of Orangeor
Inc. Town ofor
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 Millicent Ruth ClevelandNo. 29504 — For State Registrar OnlyCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2-04 Registered No. 115
(For use of Local Registrar)(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth 10

To be answered only in event of Twin or Triplet

(6) Are
Parents
Married yes(7) DATE OF
BIRTH July 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME H. G. Cleveland(9) PRESENT
RESIDENCE OF FATHER Orange R.F.D.(10) COLOR
OR RACE White (11) AGE AT LAST
BIRTHDAY 36
(Years)(12) BIRTHPLACE Orange(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 10

MOTHER.

(14) NAME BEFORE
MARRIAGE Walter Gibbbs(15) PRESENT
RESIDENCE OF MOTHER Orange R.F.D.(16) COLOR
OR RACE white (17) AGE AT LAST
BIRTHDAY 36
(Years)(18) BIRTHPLACE Pickens(19) OCCUPATION House(21) 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 born alive at 12 M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. J. Shepley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Orange R.F.D.(Given name added from a supplemen-
tal report)(26) Witness (Signature of Witness necessary only
if question 23 is signed by mark)(27) Filed 8/10/23(28) Local Registrar. J. J. Shepley*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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