

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

20763

Registration District No. 4602

Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child

Clair Miller

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

3) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

July 30, 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Robert Miller

9) PRESENT POSTOFFICE OF FATHER

Appleton S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Labor

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Eugene Rollin

(15) PRESENT POSTOFFICE OF MOTHER

Appleton S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Labor

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

James H. Kelley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 31, 1922

(28) F. H. Boyd M.D. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, E. C.