

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town of Easley

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 James Ray Miller

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

(3) <u>BOY OR</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 3, 1920.</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Charles Miller(9) PRESENT POSTOFFICE OF FATHER Easley, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Palzer, S.C.(13) OCCUPATION Textile worker(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Jones(15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Palzer, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 12:00 A. M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) J. C. Pepper M.D.(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife R-5, Easley, S.C.

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(26) Signed Oct 8, 1920 at 23 (27) E. F. Wentt
Registrar 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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