

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 McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of HamptonTownship of Purplesor
Inc. Town of

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

64742

Registration District No. 7402Registered No. 109
(For use of Local Registrar)(2) Full Name of Child Rudel Miley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alford Miley(9) PRESENT POSTOFFICE OF FATHER Brunson RFD(10) COLOR OR RACE Gold (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Hampton Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Brunson RFD(16) COLOR OR RACE Gold (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Hampton Co.(19) OCCUPATION House & field work(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 alive at Hampton Co. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Miley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness Suey Miley

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

(27) Filed 6/19 1916 (28) W. Rogers 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.