

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 1.

State of Columbia.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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. *Willie Merner Miller*

File No.—For State Registrar Only

74838

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *4010*

Registered No. *24*

(For use of Local Registrar)

(3) BOY OR GIRL? *girl*

(4) Twin or triplet? *one*

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *August 27th 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Hubbert Miller*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *Colored*

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER *Mother S.C.*

(16) COLOR OR RACE *Colored*

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Alene*

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

Given name added from a supplemental report

(26) Witness *Lannie Brunilcott*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept. 12 1916* (28) *Dr. Fred Newman*
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.