

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

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

20352

Registration District No. Registered No. 109
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hope Isaac Miller { If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Hope Isaac Miller</u>	(14) NAME BEFORE MARRIAGE	<u>Hattie Sanders</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Sumter</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Sumter</u>
(10) COLOR OR RACE	<u>Colored</u>	(16) COLOR OR RACE	<u>Colored</u>
(11) AGE AT LAST BIRTHDAY	<u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>30</u> (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	
(13) OCCUPATION	<u>farmer</u>	(19) OCCUPATION	<u>farmer</u>
(20) Number of children born to mother, including present birth	<u>13</u>	(21) Number of children of this mother now living, including present birth	<u>13</u>

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) Midwife Alice
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report
.....
.....
....., 19 Registrar

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

(27) Filed 19 (28) 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.