

(1) PLACE OF BIRTH

County of CalhounTownship of Archie

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

9484

Registration District No. 800Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child

Shippie Milligan Jr

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

(3) BOY OR GIRL

(4) Sex of Child

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 17, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) BIRTHPLACE

(15) OCCUPATION

(16) BIRTHPLACE

(17) OCCUPATION

(18) BIRTHPLACE

(19) OCCUPATION

(20) BIRTHPLACE

(21) OCCUPATION

(22) BIRTHPLACE

(23) OCCUPATION

(24) BIRTHPLACE

(25) OCCUPATION

(26) BIRTHPLACE

(27) OCCUPATION

(28) BIRTHPLACE

(29) OCCUPATION

(30) BIRTHPLACE

(31) OCCUPATION

(32) BIRTHPLACE

(33) OCCUPATION

(34) BIRTHPLACE

(35) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) BIRTHPLACE

(21) OCCUPATION

(22) BIRTHPLACE

(23) OCCUPATION

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(35) OCCUPATION

(36) BIRTHPLACE

(37) OCCUPATION

(38) BIRTHPLACE

(39) OCCUPATION

(40) BIRTHPLACE

(41) OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child who was ... Feb 17 ... at ... 12 M. ... on the date above stated. (Hour A. M. or P. M.)

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplemental report

(28) Witness

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

(29) Filed

May 9, 1923 (30) A. R. Chiles 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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