

## (1) PLACE OF BIRTH

County of Richland  
 Township of Lanes  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 29987  
 (For use of Local Registrar)

Registration District No. 3802 Registered No. 263  
 (For use of Local Registrar)

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

(3) BOY OR GIRL X (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME James Miller  
 (9) PRESENT POSTOFFICE OF FATHER Gadsden  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 36  
 (Year)  
 (12) BIRTHPLACE Weston  
 (13) OCCUPATION farmer  
 (14) Number of children born to mother, including present birth seven

MOTHER.  
 (14) NAME BEFORE MARRIAGE Rebecca Goodin  
 (15) PRESENT POSTOFFICE OF MOTHER Gadsden  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35  
 (Year)  
 (18) BIRTHPLACE Gadsden  
 (19) OCCUPATION farmer  
 (20) Number of children of this mother now living, including present birth 1

## 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) Julia Randolph

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/11/23 (28) Miss J. W. Jones 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.