

(1) PLACE OF BIRTH

County of AndersonTownship of Lawleror Inc. Town of Lawler, S.C.

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 75No. - For this Register 24503Registered No. _____
(For use of Local Registrar)

St. _____ Ward _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Caroline Miles3) BOY OR GIRL girl4) Age or Approximate Age
To be reported only in case of Twin or Triplet

5) Number in order of birth

6) Sex
Male Female girl7) DATE OF BIRTH Sept 30, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. W. Miles9) PRESENT RESIDENCE OF FATHER Law S. C.10) COLOR OR RACE white11) AGE AT LAST BIRTHDAY 2812) BIRTHPLACE S.C.13) OCCUPATION Textile14) Number of children born to mother, including present birth 1 214) NAME BEFORE MARRIAGE Calva Simpson15) PRESENT RESIDENCE OF MOTHER Law S. C.16) COLOR OR RACE white17) AGE AT LAST BIRTHDAY 2318) BIRTHPLACE S.C.19) OCCUPATION Textile20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(22) (Signature) Dr. J. W. Miles(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Law S. C.

(Given name added from a supplemental report)

(25) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Dec 10, 1923 (27) Magis Todd

*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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