

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Pickens

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40083

Registration District No. 1808Registered No. 45
(For use of Local Registrar)

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

(2) Full Name of Child Larry Millidge

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

3. BOY OR GIRL

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

Dec 20 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Larry Millidge

9. PRESENT POSTOFFICE OF FATHER

Edgefield S. C.

10. COLOR OR RACE

black

11. AGE AT LAST BIRTHDAY

40

12. BIRTHPLACE

Edgefield S. C.

13. OCCUPATION

farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Lennie Miller

15. PRESENT POSTOFFICE OF MOTHER

Edgefield S. C.

16. COLOR OR RACE

black

17. AGE AT LAST BIRTHDAY

33

18. BIRTHPLACE

Edgefield, S. C.

19. OCCUPATION

farmer

20. Number of children born to mother, including present birth

4 living, 1 dead

21. Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Larry Millidge on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

Larry Millidge19
Registrar

(26) Witness

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

(27) Filed

4101

(28) 19

(29) Chas. W. Harris
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.