

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of # 9

Inc. Town of

City of

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

(2) Full Name of Child Leo Millower

File No.—For State Registrar Only

43858

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3410 Registered No. 128

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 29, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Millower(9) PRESENT POSTOFFICE OF FATHER Little Mt. Se(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Newberry Co(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Cleazer(15) PRESENT POSTOFFICE OF MOTHER Little Mt. Se(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Newberry Co(19) OCCUPATION Housewife(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 born at 12.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catharine Cleazer(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Little Mt. Se

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 9, 1923(28) W. T. Fisher 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.

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 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.