

(1) PLACE OF BIRTH

County of Lexington
 Township of Concord
 or
 Inc. Town of
 or
 City of New Brighton No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25341

Registration District No. 21ARegistered No. 77
(For use of Local Registrar)

(2) Full Name of Child

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

(2) BOY OR GIRL <u>Girl</u>	(4) Type of Birth <u>Normal</u> To be answered only in event of Twin or Triplet	(3) Number in order of birth <u>First</u>	(5) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 10 1933</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>William E. Miller</u>			(14) NAME BEFORE MARRIAGE <u>May Bernice Mett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>New Brighton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>New Brighton</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>N.C.</u>	
(13) OCCUPATION <u>Painter</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. A. Exum

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed 1/3

1923

(28)

J. E. Lybrand
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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