

File No.—For State Registrar Only

County of San Diego

Township of Barre, Vt.

OF

REC. TOWN OF.....  
OF

City of .....

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**State Board of Health**

Registration District No. 77 D.Y.

**Registered No.** .....  
**(For use of Local Registrar)**

3963

(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 Lillian Ther Smith If child is not yet named, make supplemental report as directed

BOY OR  
GIRL

4) Twin or Triplet?

(5) Number in order of birth:

(8) Are Parents

(7) DATE OF BIRTH

DATE OF BIRTH Jan 19 1922

**FATHER**

2. FULL NAME *Don Miller*

PRESENT POST OFFICE OF FATHER

(11) COLOR OF RACE  
(11) AGE AT LAST BIRTHDAY 35

70 BIRTHPLACE

10. OCCUPATION \_\_\_\_\_

Chivara

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Helen Parish*

(15) PRESENT POSTOFFICE OF MOTHER *Latta L C*

(16) COLOR OR RACE *24-27* (17) AGE AT LAST BIRTHDAY *25*

(18) BIRTHPLACE

19 OCCUPATION

Farming

(71) Number of children of this mother now living, including present birth 27

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Born at 6 P. M.,  
on the date above stated. Born alive or stillborn (Hour, M., or P. M.)

(23) (Signature) James M. [illegible]

(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 maker)

(27) Filed 3/1/1922 (28) W. L. Rogers  
Local Registrar.

When there was no attending chaplain

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.