

(1) PLACE OF BIRTH

County of Allendale  
Township of Millettts

or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2920

Registration District No. 4-1-14 Registered 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.)

(2) Full Name of Child George W Millage {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? Single (7) DATE OF BIRTH Feb. 16, 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME No Father

(9) PRESENT POSTOFFICE OF FATHER +

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY + (Year)

(12) BIRTHPLACE +

(13) OCCUPATION +

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Millage

(15) PRESENT POSTOFFICE OF MOTHER Millettts

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Millettts

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 M., on the date above stated. (From alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George Dunbar

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Millettts

Given name added from a supplemental report ✓

(26) Witness Matha Child

(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed Feb 20, 1922 (28) Miss J. Williams 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.

STATE OF SOUTH CAROLINA, S. C.