

(1) PLACE OF BIRTH

County of Allegheny
 Township of Melleck
 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. 4-4-4 Registered No.
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Single (7) DATE OF BIRTH Feb. 16, 1922
 To be answered only in event of Twins or Triplets (Names of Month) (Day) (Year)

FATHER
 (8) FULL NAME W. H. Latta
 (9) PRESENT POSTOFFICE OF FATHER +
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY + (Years)
 (12) BIRTHPLACE +
 (13) OCCUPATION +

MOTHER
 (14) NAME BEFORE MARRIAGE Rosa Millage
 (15) PRESENT POSTOFFICE OF MOTHER Melleckville S
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Melleckville S
 (19) OCCUPATION Homemaker

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:45 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Latta (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Melleckville S

Given name added from a supplemental report +

(26) Witness Mathew S. Child (Signature of Witness necessary only when question 22 is signed by mark)

19 Registrar

(27) Filed Feb. 20, 1922 (28) Myra J. Williamson 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.