

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 SEPARATE BLANK FOR EACH CHILD, and mark the  
 RECORD.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">40721</div>	
County of .....		Registration District No. <u>34</u>		Registered No. <u>458</u> (For use of Local Registrar)	
Township of .....					
or Inc. Town of .....					
or City of <u>Anderson</u>		(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 <u>Lee W. Miller</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11-4-20</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Oliver W. Miller</u>			(14) NAME BEFORE MARRIAGE <u>Bertrude Fathern</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Antelope</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Se</u>			(18) BIRTHPLACE <u>Se</u>		
(13) OCCUPATION <u>Miller &amp; husband</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:45 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. W. Miller</u>					
(24) State whether Physician or Midwife <u>Physician</u>			(25) Address of Physician or Midwife <u>Anderson</u>		
Given name added from a supplemental report ..... ..... .....			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>19</u> <u>5</u> <u>B. CRAYTON</u> 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 needed until 10 days before the fifth month of pregnancy.