

FORM 5.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCay, of Columbia.

(1) PLACE OF BIRTH  
 County of *York*  
 Township of *Abbeville*  
 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  
**75248**

Registration District No. *4405* Registered No. *88*  
 (For use of Local Registrar)

(2) Full Name of Child *Elv Army Miller* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 20, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME *Henry Miller*

(9) PRESENT POSTOFFICE OF FATHER *Rock Hill S.C. Rte. 4*

(10) COLOR OR RACE *Pro-American* (11) AGE AT LAST BIRTHDAY *24*  
(Years)

(12) BIRTHPLACE *York County*

(13) OCCUPATION *Farming*

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Rosa Choate*

(15) PRESENT POSTOFFICE OF MOTHER *Rock Hill S.C. Rte. 4*

(16) COLOR OR RACE *Pro-American* (17) AGE AT LAST BIRTHDAY *23*  
(Years)

(18) BIRTHPLACE *York County*

(19) OCCUPATION *Farming*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *alive born* at *4:30* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Laura Simpson*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Tirzah St.*

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *8/28/16* 1916 (28) *J.A. Miller* 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.