

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of AlbermarleTownship of Weymouthor  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75425

Registration District No. 204Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child

Sallie Sue Miller

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Stephen Miller

(9) PRESENT POSTOFFICE OF FATHER

Warrenville S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Columbia S.C.

(13) OCCUPATION

Callan Mill

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Louie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Warrenville S.C.

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

San cgt

(19) OCCUPATION

House wife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Hussella Priest

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Warrenville S.C.

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

18.1916

(28)

H. E. Ward

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.