

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**75425**

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Wyg*

or Inc. Town of

or City of

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

Registration District No. *204*

Registered 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?  (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 16, 1916*  
To be answered only in case of Twins or Triplets (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 *Charleston*  
(13) OCCUPATION *Collier 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 Jose*  
(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) *Herselle Brent*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or 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)  
*H. G. Ward*  
(27) Filed *Sept. 18, 1916* (28) *H. G. Ward* Local Registrar

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.

\*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.