

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.

(1) PLACE OF BIRTH

County of Greenville  
Township of Grove  
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

77325

Registration District No. 2210 Registered No. 56  
(For use of Local Registrar)

(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 Lucel 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 9 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME B. F. Miller

(14) NAME BEFORE MARRIAGE Mattie Seborn

(9) PRESENT POSTOFFICE OF FATHER Piedmont

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION House work

(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 — M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Smith

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness B. F. Miller  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 15 1916 (28) S. A. Mims 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.