

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Sandy Grove

or

Inc. Town of .....

or

City of ..... (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 Letha Almona Miles (If child is not yet named, make supplemental report as directed)

|                            |   |  |                                    |  |
|----------------------------|---|--|------------------------------------|--|
| (3) BOY-OR-GIRL? <u>  </u> | (4) Twin or Triplet? <u>  </u><br>To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>  </u> | (6) Are Parents Married? <u>  </u> | (7) DATE OF BIRTH <u>Sept 23, 1922</u><br>(Name of Month) (Day) (Year) |
|----------------------------|---|--|------------------------------------|--|

## FATHER.

(8) FULL NAME Miles

(9) PRESENT POSTOFFICE OF FATHER Lake City S.C., R1

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Minis

(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C., R1

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was White at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

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

(27) Filed Sept 26, 1922 (28) E. H. McFadden 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.