

(1) PLACE OF BIRTH

County of Aiken
 Township of Shaw
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36965

Registration District No. 2.11Registered No.
(For use of Legal 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 Lucelia Miles 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 event of Twin or Triplet (5) Are Married (6) DATE OF BIRTH Nov. 27, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>George Miles</u>	(14) NAME BEFORE MARRIAGE <u>Ida Mason</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Aiken R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken R.F.D.</u>
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>48</u> (Year)	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(12) BIRTHPLACE <u>Edgefield, S.C.</u>	(18) BIRTHPLACE <u>Aiken County, S.C.</u>
(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>House Wife</u>	(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 5.5.22 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Miles mid wife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplementary report

Witness M. F. Wharton
 Signature of Witness necessary only when question 22 is signed by mother

*When there was no medical attention, the report is signed by the mother. If a child breathing apparatus is used, the report is signed by the mother and the physician or midwife.