

(1) PLACE OF BIRTH

County of Beaufort
Township of
or
Loc. Town of Burton
or
City of

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

File No.—For State Registrar Only

37303

Registration District No. 600 Registered No. 602
(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 Louise Millan If child is not yet named, make supplemental report as directed

(3) SEX CR (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 29, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Bob. Millan</u>	(14) NAME BEFORE MARRIAGE <u>Flora Talbot</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Burton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Burton S.C.</u>
(9) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>Burton S.C.</u>	(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Farm Laborer</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>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Fraser
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burton 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 Nov. 29, 1922 (28) W. H. Bryant 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.