

(1) PLACE OF BIRTH

County of Morison
 Township of Broadmead
 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

43749

Registration District No. 3202Registered No. 72
(For use of Local Registrar)

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

(2) Full Name of Child Marie Mary Miles

If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Miles
 (9) PRESENT POSTOFFICE OF FATHER Broadmead
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Georgetown
 (13) OCCUPATION Lumber Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Mary, Edward
 (15) PRESENT POSTOFFICE OF MOTHER Broadmead
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Morison
 (19) OCCUPATION Team Laborer
 (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 or stillborn at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Samuel(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 23 1922(28) R. B. Rogers
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.

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