

(1) PLACE OF BIRTH
County of Spokane
Township of B.S.
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
32202

Registration District No. 4000

Registered No. 107
(For use of Local Registrar)

(2) Full Name of Child

(No. _____) (St. _____) (Ward _____)
if birth occurs in a hospital or other institution, give name of same and address of street and number.)
Leola Anne Miller

(3) SEX <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>1 year</u>	(7) DATE OF BIRTH <u>9/11/32</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Eli Miller</u> PRESENT POSTOFFICE OF FATHER <u>W. J. S. R. #2</u> COLOR OR RACE <u>W</u> AGE AT LAST BIRTHDAY <u>56</u> (Years) BIRTHPLACE <u>W.C.</u> OCCUPATION <u>Domestic</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>Ellen Core</u> PRESENT POSTOFFICE OF MOTHER <u>Same</u> COLOR OR RACE <u>W</u> AGE AT LAST BIRTHDAY <u>33</u> (Years) BIRTHPLACE <u>W.C.</u> OCCUPATION <u>Domestic</u>	
(10) Number of children born to mother, including present birth <u>5</u>			(11) Number of children of this mother now living, including present birth <u>3</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 or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filled 9/13/32 (28) Local Registrar [Signature]

Registrar

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.