

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens  
 Township of Casley  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 3701

File No. — For State Registrar Use

31922

Registered No. 100  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 3 1922  
 (Name/Month/Day/Year)

FATHER

MOTHER

(8) FULL NAME G. Henry Miller

(10) NAME BEFORE MARRIAGE Ella Porter

(9) PRESENT POSTOFFICE OF FATHER Casley R # 3

(15) PRESENT POSTOFFICE OF MOTHER Casley R # 3

(11) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
 (Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
 (Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmers

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(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 Alive at 7:30 AM.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Ball  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report

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

(27) Filed Oct. 2 1922 (28) E. H. Nyath  
 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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