

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child *William Henry Miller*(3) BOY OR
GIRL? *Boy*(4) Twin
or triplet?(5) Number in
order of birth
to be entered only in case of twin or triplet(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *Dec 17*
(Name of Month) (Day) (Year)(8) FULL
NAME *John Taylor Miller*

FATHER

(9) PRESENT
POSTOFFICE
OF FATHER *Smiths River S.C.*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *30*
(Years)(12) BIRTHPLACE *Georgetown S.C.*(13) OCCUPATION *Farming*(20) Number of children born to
mother, including present birth *5*(14) NAME BEFORE
MARRIAGE *Harriet Williams*(15) PRESENT
POSTOFFICE
OF MOTHER *Smiths River S.C.*(16) COLOR
OR
RACE *White* (17) AGE AT LAST
BIRTHDAY *30*
(Years)(18) BIRTHPLACE *Georgetown S.C.*(19) OCCUPATION *Housewife*(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* *P.* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Henry J. McCracken*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

Registrar

(26) Witness *E. R. Williams*
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Dec 20 1915* (28) *J. L. McCracken*
Local RegistrarWhen 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.MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42911

Registration District No. *2100* Registered No. *917*

(For use of Local Registrar)