

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29256A

County of Colleton

Township of Ashton

or Town of Ashton

or City of Ashton

Registration District No. 1403

Registered No.
(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 John Lee Miley

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? 1

(5) Number in order of birth 2nd

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 1 1922
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Even name added from a supplemental report

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

(27) Filed (19) (28) 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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