

McCaw, of Columbia.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
SEPARATE BLANK for each child, and mark the

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Colham</u>		STATE OF SOUTH CAROLINA.		88645	
Township of <u>Lewis</u>		Bureau of Vital Statistics			
Inc. Town of <u>no Couron</u>		State Board of Health			
City of <u>(No.)</u>		Registration District No. <u>502</u>		Registered No. <u>194</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Richard Arthur Miles</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>no</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 25, 1916</u>	
To be answered only in event of twins or triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>John Peter Miles</u>			(14) NAME BEFORE MARRIAGE <u>Samie Viola Fickel</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ellora SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ellora SC</u>		
(10) COLOR OR RACE <u>whit</u>			(16) COLOR OR RACE <u>whit</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Colham SC</u>			(18) BIRTHPLACE <u>Colham SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) 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 <u>born alive</u> at <u>4 a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. D. Keller</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Ellora SC</u>					
Given name added from a supplemental report			(26) Witness		
191...			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>12.30.1916</u> (28) <u>W. D. Keller</u> 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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