

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

21864

Registration District No. 3302

Registered No. 33
(For use of Local Registrar)

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

Full Name of Child

Milla Quier

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

SEX OF CHILD Girl	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH 7 27 23 (Name of Month) (Day) (Year)
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FATHER'S NAME Alvin Quier	(14) NAME BEFORE MARRIAGE Francis Quier
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PARENTS' PRESENT RESIDENCE OF FATHER Shack	(15) PRESENT RESIDENCE OF MOTHER Shack
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COLOR OF CHILD W	(11) AGE AT LAST BIRTHDAY 32	(16) COLOR OF RACE W	(17) AGE AT LAST BIRTHDAY 27
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BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
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OCCUPATION Farming	(19) OCCUPATION Farm Work
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Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 1
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... M., on the date above stated.

(22) (Signature) Bina Singleton

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Name added from a supplemental report

(25) Witness

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

(27) Filed 7/31 23

(28)

Local Registrar

If 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.