

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. McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of Abbeville  
or  
Inc. Town of .....  
or  
City of .....

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

File No.—For State Registrar Only  
75312

Registration District No. 50 Registered No. 143  
(For use of Local Registrar)

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

(2) Full Name of Child Edgar Miller { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 20</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Miller</u>			(14) NAME BEFORE MARRIAGE <u>Alena Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>54</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>Sumpter SC</u>			(18) BIRTHPLACE <u>Abbeville S</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home wife</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at S. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine x Burton

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

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness Ed Miller  
(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed Aug 29 1916 (28) Ed Miller 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 on stillbirths before the fifth month of pregnancy.