

## (1) PLACE OF BIRTH

County of Richland  
 Township of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8885

In: Town of ..... Registration District No. 38 Registered No. 1288  
 or .....  
 City of Columbia (No. 2201 Columbia) 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 Mildred Sue Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? g (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2 28 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Gordon Leach Miller(9) PRESENT POSTOFFICE OF FATHER Cala SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Tenn(13) OCCUPATION Ins Agt(20) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Sarah Nunley(15) PRESENT POSTOFFICE OF MOTHER Cala SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Texas(19) OCCUPATION —(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:1 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. O. B. Dr. (24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Cala S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "Mark")

(27) Filed 4-11-1922 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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