CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2042

(1) PLACE OF BIRTH
County of Newberry
Township of Ter. 1
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name instead of street and number.)

Registration District No. 348 Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Charles Mills Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Boy	Triplet	1	Yes	Jan 4 1922

To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME	Charles Mills	(14) NAME BEFORE MARRIAGE	Daisy Perrin
(9) PRESENT POSTOFFICE OF FATHER	Newberry S C	(15) PRESENT POSTOFFICE OF MOTHER	Newberry S C
(10) COLOR OR RACE	Negro	(11) AGE AT LAST BIRTHDAY (Years)	31
(16) COLOR OR RACE	Negro	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	S C	(18) BIRTHPLACE	S C
(13) OCCUPATION	Farming	(19) OCCUPATION	Housework
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J M Tabb M D
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Newberry S C

Given name added from a supplemental report ..... 19 .....
Registrar

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

(27) Filed Feb 4 1922 (28) S S Cunningham
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.

M 8—20M—[illegible]—[illegible]

McCAW OF COLUMBIA, COLUMBIA, S. C.

FIRST-BIRTH, No. 1. THIS OTHER, No. 2, etc., in question 5.

M 8—20M—[illegible]—[illegible] USE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the