

## (1) PLACE OF BIRTH

County of Richmond  
Township of Lower  
or  
Inc. Town of.....  
or  
City of .....

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

Registration District No. 802

File No.—For State Registrar Only

2398

Registered No.....  
(For use of Local Registrar)

City of ..... (No. .... 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 Bell Miller

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

(J) BOY OR GIRL? -c

(4) Twin or Triplet?

(5) Number in order of birth

(5) Are Parents Married?

(7) DATE OF

BIRTH. Dec 21 7 ..... 1912  
(Name of Month) (Day) (Year)

**FATHER.**

2 FULL NAME

(3) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR

(12) BIRTHPLACE

(13) OCCUPATION

(23) Number of children born to mother, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was.....born.....at 4:30 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

(Signature of Witness necessary only  
when question 33 is signed by mark)

(27) Filed 11/15/00

...1912

[29]

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.