

(1) PLACE OF BIRTH

County of CherokeeTownship of Wilsonor Inc. Town of BarfordCity of X

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37037

Registration District No. 4605 Registered No. 47

(For use of Local Registrar)

(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 Henry Miller (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11-22-22
(Name of Month (Day) (Year))

FATHER.

(8) FULL NAME Arthur Miller(9) PRESENT POSTOFFICE OF FATHER Luray S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Dodie Miller(15) PRESENT POSTOFFICE OF MOTHER Luray S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(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 at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hussy(24) State whether Midwife(25) Address of Physician or Midwife Barford S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 22, 1922

(28)

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.