

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.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of
or
Inc. Town of
or
City of Rock Hill

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

File No.—For State Registrar Only

26630

Registration District No. 4413Registered No. 182
(For use of Local Registrar)

(2) Full Name of Child

Maggie Lee

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

(3) BOY OR GIRL

4

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Apr. 6, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Budget Miller

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Clinton Co.

(13) OCCUPATION

Produce

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Bayl

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

York Co.

(19) OCCUPATION

Chap. teacher

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

5

(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 at M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Donald Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/131923

(28)

J. R. 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 of stillbirths before the fifth month of pregnancy.