

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Providence  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

30365

Registration District No. 4105 Registered No. S.P.  
 (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 Samuel Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>N</u>	(7) DATE OF BIRTH <u>Sept. 28, 23</u> (Name of Month) (Day) (Year)
-------------------------------	--	------------------------------	-----------------------------------	--

FATHER.

(8) FULL NAME John Rodgers  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C. 24  
 (10) COLOR OR RACE Cauc (11) AGE AT LAST BIRTHDAY 22  
 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Laborer  
 (14) Number of children born to mother, including present birth 1/1

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Miller  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C. 24  
 (16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 18  
 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION at Home  
 (20) Number of children of this mother now living, including present birth 1/1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nannah Chestnut  
 (24) State whether Physician or Midwife midwife (25) Address of Phys. or Midwife Daly Rd. S.C.

Given name added from a supplemental report

.....  
 19 23 Registrar

(26) Witness ms. Vera Burkett  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 28, 23 (28) J. B. R. Offield 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.