

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88985

Registration District No. 1105

Registered No. 199

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Alice Victoria McMiller

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alex McMiller

(9) PRESENT POSTOFFICE OF FATHER

H. H. H. H.

(10) COLOR OR RACE

Ben

(11) AGE AT LAST BIRTHDAY

49

(Years)

(12) BIRTHPLACE

Chattanooga

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Abramo

(15) PRESENT POSTOFFICE OF MOTHER

H. H. H. H.

(16) COLOR OR RACE

Ben

(17) AGE AT LAST BIRTHDAY

45

(Years)

(18) BIRTHPLACE

Dec

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

191 6

(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.

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.

McCaw, of Columbia.