

(1) PLACE OF BIRTH

County of

Township of

OF

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

27473

Only

2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

✓

(7) DATE OF BIRTH

Sep 28 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eugene H. Millan

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 1/2

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

R.R. Section work.

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ida May Strickland

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature)

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

P. 278 (see how it is)

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed

1914

(27)

Local Registrar

M.

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.