

(1) PLACE OF BIRTH

County of Darlington S.C.
 Township of Wade
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

Registration District No. 1512

File No.—For State Registrar Only

17302Registered No. 1512
(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 James H. Miller

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

3. BOY OR GIRL? 1st (4) Twin or Triplet? (5) Number in order of birth
 To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 12 19 42
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME William H. Miller9. PRESENT POSTOFFICE OF FATHER Wade10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)12. BIRTHPLACE SC13. OCCUPATION Farmer20. Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Sarah(15) PRESENT POSTOFFICE OF MOTHER Wade(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Sarah Miller at 2:45 P. M.,
 on the date above stated. Born alive or stillborn Hour A. M. or P. M.

(23) (Signature) Henry H. Miller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. P. Bee

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 12 25 19 42(28) Local Registrar H. H. Kagen

*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