

## (1) PLACE OF BIRTH

County of *Charleston*Township of *St. P. St. M.*

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10370

Registration District No. *209*Registered No. *68*

(For use of Local Registrar)

(2) Full Name of Child *Florence Miller*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *April 5, 1922*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Joseph Miller*(9) PRESENT POSTOFFICE OF FATHER *Union Heights*(10) COLOR OR RACE *Col*(11) AGE AT LAST BIRTHDAY *22*

(Years)

(12) BIRTHPLACE *Orangeburg S. C.*(13) OCCUPATION *Hammer's Helper*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Mason*(15) PRESENT POSTOFFICE OF MOTHER *Union Heights*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *18*

(Years)

(18) BIRTHPLACE *Charleston Co.*(19) OCCUPATION *Housework*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *10:25 M.* on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)(23) (Signature) *Diana Cogare*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *5 Mile*

Given name added from a supplemental report

(26) Witness

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

19 *22* Registrar(27) Filed *April 11, 1922*

(28)

Local Registrar *C. F. Myers*

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.

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IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE IT  
 FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.  
 RECORD OF BIRTHS, COLUMBIA, S. C.