

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.

McDaw, of Columbia.

(1) PLACE OF BIRTH
County of Lee
Township ofor
Inc. Town of Bishopville
or
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 Harry Eugene Miller { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Miller
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Miller
(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years) 16(18) BIRTHPLACE Lee Co(19) OCCUPATION Servant

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Miller
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife | Bishopville S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Mrs. N. J. Lantry
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 20 1916.. (28) Mrs. N. J. Lantry 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.

fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
43707