

(1) PLACE OF BIRTH

County of Florence.....Township of Lake.....or
Inc. Town of.....

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

40295

Registration District No. 2009 Registered No. 160
(For use of Local Registrar)(2) Full Name of Child Angel Marie Miles 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 2 (6) Age at birth 40 (7) DATE OF BIRTH Dec 17 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William D. Miles(9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE Lake City S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Lennie Matthews(16) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22
(Year)(19) BIRTHPLACE Cowards S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born Dec 17 1923 at 3:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Lennie James Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Stratton S.C.

(If name added from a supplemental report)

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

(27) Filed 12/21 to R. H. Leaton 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.