

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 IN 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 1.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. — for State Registrar Only <b>8934</b>	
County of <u>Cherokee</u>		Registration District No. <u>104</u>		Registered No. <u>13</u> (For use of Local Registrar)	
Township of <u>Diamond Hill</u>		City of .....		(No. .... St. .... Ward)	
Inc. Town of .....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Sara Miller</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Age <u>7</u> years	(7) DATE OF BIRTH <u>Apr 12 1923</u> (Month) (Day) (Year)	
(8) FATHER (9) FULL NAME <u>Red Miller</u> (10) PRESENT RESIDENCE OF FATHER <u>Antennae, S.C.</u> (11) COLOR <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (12) BIRTHPLACE <u>Cherokee Co</u> (13) OCCUPATION <u>Farming</u>			(14) MOTHER (15) NAME BEFORE MARRIAGE <u>Nettie Hamilton</u> (16) PRESENT RESIDENCE OF MOTHER <u>Antennae, S.C.</u> (17) COLOR <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (18) BIRTHPLACE <u>Cherokee Co</u> (19) OCCUPATION <u>Laber</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>15</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was <u>Sara Miller</u> on the date above stated. (23) (Signature) <u>Anna S. Stokes</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Antennae, Cherokee Co</u>					
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>4/26 1923</u> (28) <u>J. M. Patterson</u> 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.					

Form No. 1, 1922. — Columbia, S. C.