

(1) PLACE OF BIRTH

County of *Charleston*

Township of

In Town of

City of *Charleston*

(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 - For this Register Only

472

Registration District No. *9 A*Registered No. *92*

(For use of Local Registrar)

(No. *77 Beaufain*)

(St. Ward)

(2) Full Name of Child *Baby Mc Millan*

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

(3) SEX OF CHILD *Boy*

(4) Type or Trace To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married *yes*(7) DATE OF BIRTH *Jan 26 1923*

FATHER

(8) FULL NAME *Walter C. Millan*(9) PRESENT RESIDENCE OF FATHER *Charleston*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *29* (Year)(12) BIRTHPLACE *Charleston S. C.*(13) OCCUPATION *Driver*(14) Number of children born to mother, including present birth *Two*

MOTHER

(14) NAME BEFORE MARRIAGE *Clarena Goff*(15) PRESENT RESIDENCE OF MOTHER *Charleston*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Year)(18) BIRTHPLACE *Charleston S. C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Elise J. Fuller*(23) State whether, Physician or Midwife *mid wife*(24) Address of Physician or Midwife *46 Morris St.*

Give name added from a supplemental report

(25) Witness

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

(19) Registrar

(27) Filed *1/29 1923*

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.