

(1) PLACE OF BIRTH

County of DurhamTownship of Lewisville

or

Inc. Town of

or

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

67712

Registration District No. 1106Registered No. 96

(For use of Local Registrar)

(2) Full Name of Child Miller Fred Washington

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 40 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Washington(9) PRESENT POSTOFFICE OF FATHER Richburg(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 52 (Years)(12) BIRTHPLACE U. C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Elmer Hughes(15) PRESENT POSTOFFICE OF MOTHER Richburg(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blair H. Huggins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Frankie Dicklin

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

(27) Filed 7-11-16(28) 111

(29)

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.

WHEN FATHER, MOTHER OR CHILD IS IN A HOSPITAL, RECORD IN SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BOUN. NO. 1. THIS OFFICE. NO. 2, ETC., IN QUESTION 2.

NAME of Child