Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Eutaw

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17714

Registration District No. 708 Registered No. 72
(For use of Local Registrar)

(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 Billie Milligan

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

(3) BOY OR ~~GIRL~~?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			Yes	June 21st 22

FATHER.

(8) FULL NAME Edward Milligan

(9) PRESENT POSTOFFICE OF FATHER Cross S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Bryan

(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Berkeley Co

(19) OCCUPATION Housewife

(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 alive at 6.00 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Jones

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Moncks Corner S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 29th 22 (28) D.W. Cross
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.

Bureau of Columbia, Columbia, S. C.

WARNING: PLAINLY WRITE ENGRAVED INK—USE PEN IN A PUBLIC OFFICE
N. B.—In case of twins or triplets one certificate only should be filled, and each question