

#12380

1-30-46

2-2-46 p

F.N. 12380

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce
 Bureau of the Census

1. PLACE OF BIRTH
 County of Allendale
 Township of Sycamore
 or
 Inc. Town of Ulmers.
 or
 City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 4608

16 092946

FILE No.—For State Registrar Only
 00036

Registered No.
 (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 James Edwin McMillan, Jr. } If child is not yet named, make supplemental report as directed.

3. Boy or Girl } If Plural } 4. Twins, triplets or other..... } 6. Premature..... } 7. Are Parents } 8. Date of Nov. 10
 Boy } births } 5. Number, in order of birth..... } Full term..... } Married? yes } birth....., 1946
 (Month, day, year)

9. Full name James E. McMillan FATHER
 name James E. McMillan

18. Name before marriage MOTHER
Addie Lou Poole

10. Residence (mailing address) Ulmers
 (If non-resident, give place and State) Ulmers

19. Residence (mailing address) Ulmers
 (If non-resident, give place and State) Ulmers

11. Color or race White 12. Age at birth 29 (years)

20. Color or race White 21. Age at birth 31 (years)

13. Birthplace (city or place) Ulmers, S.C.
 (State or country)

22. Birthplace (city or place) Lexington County, S.C.
 (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work.....

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, } months } 29. Cause of stillbirth..... } Before labor.....
 period of gestation..... } weeks } } During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 P. m. on the date above stated.

{ When there was no attending physician }
 { or midwife, then the father, householder, }
 { etc., should make this return. }

Given name added from
 a supplementary report..... (Date of)

 State Registrar

(Signed) Addie Lou Poole, M.D.
 or....., Guardian
 Address Ulmers, S.C.
 Filed 2-12 1946 Thos. P. Lesesne
 Local Registrar

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