

#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 AllendaleTownship of Sycamoreor Ulmers.City of Ulmers.

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St.; Ward)

2. FULL NAME OF CHILD James Edwin McMillan, Jr.

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

3. Boy or Girl

Boy

If Plural births

4. Twins, triplets or other.

6. Premature.

7. Are Parents

8. Date of birth

Nov. 10, 1946
(Month, day, year)

5. Number, in order of birth.

Full term.

Married? yes

9. Full name

James E. McMillan
(If non-resident, give place and State) Ulmers

FATHER

10. Residence (mailing address)

Ulmers
(If non-resident, give place and State) Ulmers

BIRTH OF SON

11. Color or race

White

12. Age at 29 (years)

13. Birthplace (city or place)

Ulmers, S.C.

(State or country)

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

19.....

18. Name before marriage

MOTHER
Addie Lou Poole

19. Residence (mailing address)

(If non-resident, give place and State) Ulmers

BIRTH OF SON

20. Color or race

White

21. Age at 31 (years)

22. Birthplace (city or place)

Lexington County, S.C.

(State or country)

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)

19..... 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, period of gestation..... months weeks

29. Cause of stillbirth.....

Before labor.....

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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FILE No.—For State Registrar Only

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