

(1) PLACE OF BIRTH

County of Amherst
 Township of Phillips
 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

9325

Registration District No. 4107Registered No. 33

(For use of Local Registrar)

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

(2) Full Name of Child Eliza Miles

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 25 1911
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Eliza Miles sr(9) PRESENT POSTOFFICE OF FATHER Atlanta, Ga.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Williamsburg Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Elsie Ord(15) PRESENT POSTOFFICE OF MOTHER Atlanta, Ga.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matha Williams(24) State whether Physician or Midwife (25) Name of Physician or Midwife Midwife

Given name added from a supplemental report

CO. Witness

(Signature of Witness necessary only when question 22 is signed)

4-8 (Date) W. B. McIlwain (Name of Registrar)

When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once, it must be reported. The report is signed at _____.