

## (1) PLACE OF BIRTH

County of St. JohnsTownship of # 3or  
Inc. Town of .....

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

2420

Registration District No. 39.2.2 Registered No. 5

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Bruce Miller

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? mc

(7) DATE OF BIRTH

Jan. 28 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER

(14) NAME BEFORE MARRIAGE Lessie Miller(15) PRESENT POSTOFFICE OF MOTHER Salem St. S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Salem St. S.C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bruce at 9.0 M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lessie Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Salem St. S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 7, 1922

(28) Local Registrar

J. Coleman

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.