

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of YorkTownship of Bethel

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

75198

Registration District No. 4400 Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child George Miller { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edd Miller(9) PRESENT POSTOFFICE OF FATHER Cloner #3(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 1 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Jackson(15) PRESENT POSTOFFICE OF MOTHER Cloner #3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alone, at 4 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Stacie Reid

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Cloner #3

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Aug. 31, 1916 (28) H. A. Swinner 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.