CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2044

(1) PLACE OF BIRTH
County of Newberry
Township of No 1
or
Inc. Town of
or
City of

Registration District No. 3-082 Registered No. 40
(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 Daniel Mills — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? Triplets
(5) Number in order of birth 3
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jan 4 1922 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Charles Mills	(14) NAME BEFORE MARRIAGE	Daisy Perrin
(9) PRESENT POSTOFFICE OF FATHER	Newberry SC	(15) PRESENT POSTOFFICE OF MOTHER	Newberry SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	31 (Years)	(17) AGE AT LAST BIRTHDAY	32 (Years)
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farming	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3 5	(21) Number of children of this mother now living, including present birth	3 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Boy alive at 6 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J M Kibler MD

(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Newberry S.C.

Given name added from a supplemental report

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

(27) Filed Feb 4 1922 (28) S. E. Cunningham 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.

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McCAW OF COLUMBIA, COLUMBIA, S. C.
MARGIN RESERVED FOR BINDING.
WHITE 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.