

(1) PLACE OF BIRTH

County of Edgefield
 or
 Township of Wise
 or
 Inc. Town of.....
 or
 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
30034

Registration District No. 1873 Registered No. 33
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30, 39
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jasper Miller
 (9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
 (Year) (12) BIRTHPLACE Edgefield Co
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Dean
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
 (Year) (18) BIRTHPLACE Edgefield
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. P. Nicholson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield, 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 Oct 13, 1939 (28) A. D. Hambl 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.

1. 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.

RECEIVED AT COLUMBIA, COLUMBIA, S. C.