

Form No. 1

(1) PLACE OF BIRTH

County of *Richmond*

Township of *Richmond*

or

Int. Town of

or

City of

(No. St. Ward) (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

24050

Registration District No. *1311*

Registered No. *44*
(For use of Local Registrar)

(2) Full Name of Child

Margaret Miller

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Age

23

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

July 10 23

(8) FULL NAME

Mrs. Miller

(9) PRESENT POSTOFFICE OF FATHER

Richmond

(10) COLOR OR RACE

W

(11) BIRTHPLACE

Richmond

(12) OCCUPATION

Teacher

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

5

(14) NAME BEFORE MARRIAGE

Elizabeth

(15) PRESENT POSTOFFICE OF MOTHER

Richmond

(16) COLOR OR RACE

W

(17) BIRTHPLACE

Richmond

(18) OCCUPATION

Housewife

(19) Number of children of this mother now living, including present birth

5

(20) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Elizabeth* at *Richmond*, S. C., on the date above stated. (Born alive or stillborn) (Hour — M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(24) Witness

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

(25) Local Registrar

July 8 23

*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.