

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.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50459

Registration District No. 4001

Registered No. 15

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child. Ryan J. Elmer Miller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH July 10, 1914 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eddie Miller
(9) PRESENT POSTOFFICE OF FATHER Campobello
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 2 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 13

(14) NAME BEFORE MARRIAGE Eula Capeland
(15) PRESENT POSTOFFICE OF MOTHER Campobello
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive at 9 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Barrett Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Campobello

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) July 28, 1914 (28) A. J. Burton 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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