

MARGIN RESERVED FOR FINDING.

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		20501	
Township of <u>Bechesda</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>440</u>		Registered No. <u>40</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Mary E. Miller</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 1, 1922</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>A. Wand Miller</u>			(14) NAME BEFORE MARRIAGE <u>Martha Lindsay</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>M. C. Cornellville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>M. C. Cornellville</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Field & Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2-1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Ellen Carter</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Colf</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>L. H. Fove</u>		
..... 19 Registrar			(27) Filed <u>April 15, 1922</u> (28) <u>L. H. Fove</u> 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.