

Form No. 1.

(1) PLACE OF BIRTH

County of

Chesterfield

Township of Cole Hill

Inc. Town of

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

48581

Registration District No. 12.02

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Les Miles

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 20, 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ernest Miles

(9) PRESENT POSTOFFICE OF FATHER

Ruby S. C. R. #2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

2.4

(Years)

(12) BIRTHPLACE

Chesterfield Co.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Nassie Gathings

(15) PRESENT POSTOFFICE OF MOTHER

Ruby S. C. R. #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

2.3

(Years)

(18) BIRTHPLACE

Ansonia, N. C.

(19) OCCUPATION

House keeper

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

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature)

R. S. Oliver

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Ruby S. C. R. #2

Given name added from a supplemental report

(26) Witness

E. M. Miles

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

(27) Filed Feb. 29, 1914

(28)

J. A. Davis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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 3.
McCaW, of Columbia.