

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orange

Inc. Town of .....

(City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

J. C. Miller

File No.—For State Registrar Only

457Registration District No. 3413Registered No. 23  
(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH July 15 23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

John Miller

(9) PRESENT POSTOFFICE OF FATHER

Orlando

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

28

(Year)

(12) BIRTHPLACE

Orlando

(13) OCCUPATION

work farmer

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

2

## MOTHER

(14) NAME BEFORE MARRIAGE

Mattie Thompson

(15) PRESENT POSTOFFICE OF MOTHER

Orlando

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

12

(Year)

(18) BIRTHPLACE

Orlando

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Mary Miller  
midwife Orlando

Given name added from a supplemental report

(25) Witness

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

(26) Filed July 21 19 23(27) J. L. Miller 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.