

(1) PLACE OF BIRTH

County of FlorenceTownship of Jamison Roadsor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
40288Registration District No. 2006Registered No. 28
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Marie Milkil

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

(3) SEX OR GENDER G (4) Twin or Triplet (5) Number in order of birth (6) Age at birth (7) DATE OF BIRTH Dec. 17, 1923
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME John Milkil
(9) PRESENT RESIDENCE OF FATHER Summerville
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 27 (Year)
(12) BIRTHPLACE Georgetown S.C.
(13) OCCUPATION Public work
(14) Number of children born to mother, including present birthMOTHER
(14) NAME BEFORE MARRIAGE Ernest Henry
(15) PRESENT RESIDENCE OF MOTHER Summerville
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 21 (Year)
(18) BIRTHPLACE Clarendon Co.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (If a live or stillborn) (Hour A. M. or P. M.)(22) (Signature) Martha Wilson
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(25) Witness Mrs. J. H. ...
(Signature of witness necessary only when question 23 is signed by male)(26) Filed Dec 20, 1923 (27) Mrs. J. H. ...

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.