FORM NO. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
15285

(1) PLACE OF BIRTH
County of Georgetown
Township of Six
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2105 Registered No. 31 (For use of Local Reistrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child. Daisey Ann Miller — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		yes	May (Name of Month), 11 (Day), 1915 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	K. H. Miller	(14) NAME BEFORE MARRIAGE	Lottie Williams
(9) PRESENT POSTOFFICE OF FATHER	Petersfield SC	(15) PRESENT POSTOFFICE OF MOTHER	Petersfield SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	37	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	Georgetown Co. SC	(18) BIRTHPLACE	Georgetown Co. SC
(13) OCCUPATION	Farming	(19) OCCUPATION	housewife
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. J. Moore

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Petersfield SC

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

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

(27) Filed May 16 1915 (28) J. A. McCracken 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.

MARGIN RESERVED FOR BINDING.
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.

McCaw, of Columbia