

(1) PLACE OF BIRTH

County of Calhoun
 Township of Engana
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3319

Registration District No. 502Registered No. 13
(For use of Local Registrar)

City of (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 Julius Hillmore

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

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH Feb 16 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Freddie Hillmore
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Calhoun Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Kiley
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Calhoun Co.
 (19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 121) 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 at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Mary Nichols
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 20 22 (28) W. S. Keller 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.