

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 or
 Inc. Town of Laurens
 or
 City of Laurens

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

File No.—For State Registrar Only
90575

Registration District No. 29 Registered No. 132
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. Flaming St.; 3 Ward)

(2) Full Name of Child Lillian Nellie Hildam
 (Child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 24 18
 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Walter Hildam's
 (3) PRESENT POSTOFFICE OF FATHER Laurens SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE Laurens Co. SC
 (13) OCCUPATION Barber

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Donaldson
 (15) PRESENT POSTOFFICE OF MOTHER Laurens SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE Anderson Co. SC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5

(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 Lillian at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Henderson

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Laurens, SC

Given name added from a supplemental report

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

(27) Filed Dec. 25 19 18 (28) C. C. Hendricks 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.

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