

(1) PLACE OF BIRTH

County of Auderson
 Township of Wilmington
 or
 Inc. Town of Plymouth
 or
 City of

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

File No. - For State Registrar
202

Registration District No. 38 Registered No. 16
 (For use of Local Registrar)

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

(2) Full Name of Child John Jr. Hill If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type or Type Normal (5) Number in order of birth 1 (6) Age of mother 24 (7) DATE OF BIRTH Jan 6 1923
 To be entered only in case of Type or Type (Month) (Day) (Year)

FATHER. (8) FULL NAME Cloude Hill (9) PRESENT RESIDENCE OF FATHER Plymouth (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE P.C. (13) OCCUPATION mill work

MOTHER. (14) NAME BEFORE MARRIAGE Cliffie McKenney (15) PRESENT RESIDENCE OF MOTHER Plymouth (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (18) BIRTHPLACE Ala (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) 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 Abn on the date above stated. (23) (Signature) R. I. Jordan (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Plymouth

Given name added from a supplemental report

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

(27) Filed Feb 10 1923 (28) 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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