

(1) PLACE OF BIRTH

County of Lancaster

Township of Dial

Inc. or Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43276

Registration District No. 2901 Registered No. 149
(For use of Local Registrar)

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

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

2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 23, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Bob Hillis

(9) PRESENT POSTOFFICE OF FATHER

Owings, R.S.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Marcella Satterfield

(15) PRESENT POSTOFFICE OF MOTHER

Owings, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. (Born alive or stillborn) (Hour & M. or P.M.)

(23) (Signature) Chas. E. Rogers, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gray Court S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 6, 1913

(28)

H.C. Mahan
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.