

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

3119636

Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child James Hill

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

Triplets

5) Number in order of birth

No. 1

6) Are Parents Married?

Yes

7) DATE OF BIRTH

Sept 23 22

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

James Hill

9) PRESENT POSTOFFICE OF FATHER

Parkville S.C.

10) COLOR OR RACE

Col.

11) AGE AT LAST BIRTHDAY

37

12) BIRTHPLACE

Edgefield Co.

13) OCCUPATION

Farmer

MOTHER.

14) NAME BEFORE MARRIAGE

Ellen King

15) PRESENT POSTOFFICE OF MOTHER

Parkville S.C.

16) COLOR OR RACE

Col.

17) AGE AT LAST BIRTHDAY

37

18) BIRTHPLACE

Edgefield Co.

19) OCCUPATION

Housewife

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

Fourteen

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

Eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

Born alive or stillborn

(23) (Signature)

J. B. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pine Branch

Given name added from a supplemental report

(26) Witness

Harrist Seigler

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

(27) Filed

Sept 23 22

(28) J. J. M. 22

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.