

(1) PLACE OF BIRTH

County of Selma
Township of # 3
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
91670

Registration District No. 3902 Registered No. 20
(For use of Local Registrar)
(No. of hospital or other institution, give name of same instead of street and number.)
not named St.; Ward

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? yo (7) DATE OF BIRTH Dec 28 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James O. Hiff
(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44
(12) BIRTHPLACE Newberry S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 11

(14) NAME BEFORE MARRIAGE Marie E. Booser
(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
(18) BIRTHPLACE Newberry S.C.
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at V. S. S. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. ... M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Prosperity S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) James O. Hiff 1917 (28) J. W. ... 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McChay of Columbia.

before the fifth month of pregnancy.