

Form No. 1

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of Lugoff SC
or
City of Lugoff SC

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

File No.—For State Registrar Only
43112

Registration District No. 2207 Registered No.
(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 George Hills (If child is not yet named, make supplemental report as directed)

(3) BOY (4) ~~Girl~~ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH: Dec 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Hills
(9) PRESENT POSTOFFICE OF FATHER Lugoff SC.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23
(Year)
(12) BIRTHPLACE
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Williams
(15) PRESENT POSTOFFICE OF MOTHER Lugoff SC.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21
(Year)
(18) BIRTHPLACE
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 P. M., on the date above stated. (Born alive ~~or~~ (Hour A. M. or P. M.)

(23) (Signature) Madwig E. Coates Smith Lugoff SC
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 31 19 22 (28) Madwig E. Coates Smith 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAN OF COLUMBIA, COLUMBIA, S. C.