

Form No. 1

(1) PLACE OF BIRTH

County of Saluda

Township of

OF

Inc. Town of

OF

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 HealthFile No. — For State Registrar Only
30043Registration District No. 3701Registered No. 21
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Jim Hill

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) Are Parents Married Yes7) DATE OF BIRTH Sept 7, 1923

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jim Tom Hill9) PRESENT POSTOFFICE OF FATHER Saluda10) COLOR OR RACE Black11) AGE AT LAST BIRTHDAY 35

(Years)

12) BIRTHPLACE Saluda13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Abella May15) PRESENT POSTOFFICE OF MOTHER Saluda16) COLOR OR RACE Black17) AGE AT LAST BIRTHDAY 33

(Years)

18) BIRTHPLACE Saluda19) OCCUPATION House Wife21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eda May

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Saluda

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Sept 8, 1923(28) P. B. Brown

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.