(1) PLACE OF BIRTH

County of Darlington

Township of Society Hill

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
18308

Registration District No. 15C Registered No. 8
(For use of Local Registrar)

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

(2) Full Name of Child Ernest 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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 21, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Joe Hill	(14) NAME BEFORE MARRIAGE Anna Powell
(9) PRESENT POSTOFFICE OF FATHER Society Hill	(15) PRESENT POSTOFFICE OF MOTHER Society Hill
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S. C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hannah Moore

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed June 27 1922 (28) [illegible]
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.

McGAW OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.