

RECORD OF COLUMBIA, COLUMBIA, S. C.
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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Ignatolia
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

17309

Registration District No. 109

Registered No. 43
(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 Gennie Hill

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Kelly Hill

(9) PRESENT POSTOFFICE OF FATHER

Calhoun Falls, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

Abbeville Co

(13) OCCUPATION

Rail Road Work

MOTHER.

(14) NAME BEFORE MARRIAGE

Sadie Clay

(15) PRESENT POSTOFFICE OF MOTHER

Calhoun Falls, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Charlotte, N. C.

(19) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 6:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella Quinn

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Calhoun Falls, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 12, 1922

(28) H. L. Spencer
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.