

(1) PLACE OF BIRTH

County of AndersonTownship of Barnum

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 315

File No. - For State Registrar Only

16715

Registered No. 25

(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

Jennie Ruth Hillis

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH June 5, 1923
(Month of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Raymond Hillis</u>	(14) NAME BEFORE MARRIAGE	<u>Rose Gray</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Piedmont S.C. R.R. #1</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Piedmont S.C. R.R. #1</u>		
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>		
(11) AGE AT LAST BIRTHDAY	<u>29</u>	(17) AGE AT LAST BIRTHDAY	<u>29</u>		
(12) BIRTHPLACE	<u>Anderson Co. S.C.</u>	(18) BIRTHPLACE	<u>Anderson Co. S.C.</u>		
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>House wife</u>		
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jennie Hillis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Starr S.C.

Given name added from a supplemental report	(26) Witness <u>H. L. Casey</u> (Signature of Witness necessary only when question 23 is signed by mark)
....., 19	(27) Filed <u>June 9, 1923</u> (28) <u>H. L. Casey</u> Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

1. In case of stillbirth, the physician or midwife must make a supplemental report for EACH CHILD, and submit the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Model of Columbia, California 9 C