

## 1. PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE No.—For State Registrar Only

44681

Registered No.

(For use of Local Registrar)

2. Full Name of Child Sarah Louisa Hisinger

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

3. BOY  
OR  
GIRL4. Twin or  
Triplet?5. Number in order  
of birth6. Are  
Parents  
Married?

7. DATE OF BIRTH

(To be answered only in event of Twins or Triplets)

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

8. FULL NAME: Thomas Edwin Hisinger

14. NAME BEFORE MARRIAGE: Eva Hisinger

9. PRESENT POSTOFFICE OF FATHER: Leesville

15. PRESENT POSTOFFICE OF MOTHER: Leesville

10. COLOR OR RACE: white

16. COLOR OR RACE: white

11. AGE AT LAST BIRTHDAY: 22 (Years)

17. AGE AT LAST BIRTHDAY: 21 (Years)

12. BIRTHPLACE: Leesville

18. BIRTHPLACE: Leesville

13. OCCUPATION: Farmer

19. OCCUPATION: Farmer

20. Number of children born to mother, including present birth: First one

21. Number of children of this mother now living, including present birth: one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was alive at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature: [Signature]

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)

19. Registrar

27. Filed 19. 28. 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.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in questions 3.