

(1) PLACE OF BIRTH

County of Laurens
 Township of Hunter
 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
30970

Registration District No. 7721 Registered No. 91
 (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 Vera Hill

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4 1912
 (Name) (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ludie Hill

(9) PRESENT POSTOFFICE OF FATHER Mountville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Year)

(12) BIRTHPLACE Laurens Co

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Sara May Henry

(15) PRESENT POSTOFFICE OF MOTHER Mountville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Laurens Co

(19) OCCUPATION Farm hand

(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 Vera Hill at 130 on the date above stated. (Born alive or stillborn. (Hour A. M. (P. M.))

(23) (Signature) Anna Adams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mountville

Given name added from a supplemental report

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

(27) Filed Sept 7 1912 (28) CR Hill 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.