

## (1) PLACE OF BIRTH

County of

Anderson

Township of

Hall

or Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

12827

Registration District No. 30

Registered No. 75

(For use of Local Registrar)

(No. of 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

J. C. Hill

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

BOY OR GIRL?

boy

(4) Twin or triplet?

(5) Number in order of birth

take account only in event of twins or triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH May 16 1923  
(Name of Month) (Day) (Year)

FATHER.

3 FULL NAME

Edd Hill

4 PRESENT POSTOFFICE OF FATHER

Iva, S. C.

5 COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY 42  
(Years)

6 BIRTHPLACE

Anderson Co.

7 OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Dallen-

(15) PRESENT POSTOFFICE OF MOTHER

Iva, S. C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE

Anderson Co.

(19) OCCUPATION

Farmer

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

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2 I hereby certify that I attended the birth of this child, who was Alive, at 2:30 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Leah Ann Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Anderson R.R. 7.

When name added from a supplemental report

(26) Witness

Annie Gilchrist

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

(27) Filed

May 1923

(28)

S. M. McAdams  
Local Registrar

When there is an 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.

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.