

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lowndesville

Inc. 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

30

Registration District No. .... Registered No. ....

(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 Leila Rose Hill (If child is not yet named, make supplemental report as directed)

(2) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age <u>2</u> Months <u>0</u>	(7) DATE OF BIRTH <u>Jan 29, 1923</u> (Month) (Day) (Year)
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(8) FULL NAME <u>Leila Hill</u>		(10) NAME BEFORE MARRIAGE <u>Leila Hunter</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Lowndesville</u>		(11) PRESENT RESIDENCE OF MOTHER <u>Lowndesville S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>	
(18) OCCUPATION <u>Domestic</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Paul L. Bonds  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

See aff. 1-19-43  
M. B. Wood  
Registrar

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

(27) Filed Feb 10, 1923 (28) John S. ...  
Local Registrar

When there was no attending physician or midwife, 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 first 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 mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 2.

Bureau of Columns, Columns, 9, C.