

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 5.

Model of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>Phinst. Church</u> or Inc. Town of..... or City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. For State Registrar <b>41356</b>
		Registration District No. <u>901</u>		Registered No. <u>NY</u> (For use of Local Registrar)
(2) Full Name of Child <u>Ellen Beatrix Hinnant</u> (If child is not yet named, make supplemental report as directed)				
(3) SEX OR GENDER <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 17, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>John A. Hinnant</u> (9) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years) (12) BIRTHPLACE <u>Fair Oaks N.C.</u> (13) OCCUPATION <u>Mechanic</u> (20) Number of children born to mother, including present birth <u>6</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Harriet C. Hill</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years) (18) BIRTHPLACE <u>Hendersonville S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>6</u>	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2:20</u> P.M., on the date above stated. (23) (Signature) <u>[Signature]</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Mt Pleasant S.C.</u> Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed) <u>[Signature]</u> (27) Filed <u>Dec 29</u> 1922 (28) <u>[Signature]</u> 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.