

(1) PLACE OF BIRTH

County of Columbia
 Township of Sheridan
 or
 Inc. Town of Cottayville
 or
 City of S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3825

Registration District No.

Registered No.

(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 Rachel Hill

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 14 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Hill

(9) PRESENT POSTOFFICE OF FATHER

Cottayville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia Reems

(15) PRESENT POSTOFFICE OF MOTHER

Cottayville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. H. Adamson

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 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.

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IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR SHALL BE NOTIFIED BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF BIRTH, AND SHALL BE NOTIFIED BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF BIRTH, AND SHALL BE NOTIFIED BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF BIRTH.