

(1) PLACE OF BIRTH

County of *Yugonally*

Township of *Chick*

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward.

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

File No.—For State Registrar Only
90057

Registration District No. *2204* Registered No. *194*

(2) Full Name of Child *Catharine S. Hill*

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *—* (5) Number in order of birth *—* (6) Are Parent Married? *Yes* (7) DATE OF BIRTH *12. 31. 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *W. E. Hill*

(14) NAME BEFORE MARRIAGE *Higley Nettleton*

(9) PRESENT POSTOFFICE OF FATHER *Greer SC*

(15) PRESENT POSTOFFICE OF MOTHER *Greer SC*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38* (Years)

(12) BIRTHPLACE *SC*

(18) BIRTHPLACE *SC*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *5*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *7 H.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greer SC*

Given name added from a supplemental report
..... 191.....
Registrar

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

(27) Filed *Jan 5 1917* (28) *A. G. James* 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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