

## (1) PLACE OF BIRTH

County Pickens

Township of .....

Inc. Town of .....

City Pickens

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3706

File No. - For State Register Only

18845

Registered No. 76  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 16 23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Silas Dover Hinkle</u>			(14) NAME BEFORE MARRIAGE <u>Eileen Whitmore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u>
(12) BIRTHPLACE <u>Pickens Co</u>			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(18) BIRTHPLACE <u>Conce Co, S.C.</u>
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.(23) (Signature) [Signature]  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness  
(Signature of Witness need not be given when question 22 is signed by mother)(27) Filed 20 (28) [Signature]  
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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