DELAYED

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
139-22-051058

(1) PLACE OF BIRTH

County of Lancaster
Township of Pleasant Hill
or
Inc. Town of .....
or
City of .....

Registration District No. 2206. Registered No. 154
(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 ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH ... Jan. 6, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie R. Hinson
(9) PRESENT POSTOFFICE OF FATHER Heath Spring S C R2
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY ... 21 (Years)
(12) BIRTHPLACE Lancaster Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Gainelle Bowers
(15) PRESENT POSTOFFICE OF MOTHER Heath Spring S C R2
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY ... 21 (Years)
(18) BIRTHPLACE Lancaster Co
(19) OCCUPATION Housewife
(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 ... Alive ... at 10 ... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. V. Bishop
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Heath Spring S C R1

Given name added from a supplemental report ..... , 19 .... Registrar

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

(27) Filed Jan 8 1922 (28) E. F. Hinson 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.

AFFIDAVIT NEXT FRAME

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.

McCARY OF COLUMBIA, COLUMBIA, S. C.

0523