

## (1) PLACE OF BIRTH

County of Union  
 Township of Begonia  
 or  
 Inc. Town of .....  
 or  
 City of Begonia

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20384

Registration District No. 42B Registered No. 43  
 (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 Carl F. Hines If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carl F. Hines  
 (9) PRESENT POSTOFFICE OF FATHER Begonia  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Begonia  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Hines  
 (15) PRESENT POSTOFFICE OF MOTHER Begonia  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
 (18) BIRTHPLACE Begonia  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Hines(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Begonia

Given name added from a supplemental report

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

(27) Filed July 9, 1922 (28) Joel Woodward  
 Registrar 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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