

Form No. 1

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28843

## (1) PLACE OF BIRTH

County of Anderson  
Township of Pendleton  
or  
Inc. Town of  
or  
City ofRegistration District No. 310Registered No. 95  
(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

Barrie May Hill

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

|                             |   |                              |                                     |  |
|-----------------------------|---|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept 21, 22</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|---|------------------------------|-------------------------------------|--|

## FATHER.

|  |  |
|--|--|
| (8) FULL NAME <u>Willie S. Hill</u>  | (11) AGE AT LAST BIRTHDAY <u>23</u><br>(Years) |
| (9) PRESENT POSTOFFICE OF FATHER <u>Pendleton S. C.</u>                    | (12) BIRTHPLACE <u>Anderson Co.</u>            |
| (10) COLOR OR RACE <u>Col.</u>   | (13) OCCUPATION <u>Farm Laborer</u>            |
| (20) Number of children born to mother, including present birth <u>One</u> |  |

## MOTHER.

|   |  |
|---|--|
| (14) NAME BEFORE MARRIAGE <u>Mary Lee</u>   | (17) AGE AT LAST BIRTHDAY <u>20</u><br>(Years) |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton S. C.</u>                              | (18) BIRTHPLACE <u>Anderson Co.</u>            |
| (16) COLOR OR RACE <u>Col.</u>  | (19) OCCUPATION <u>Housewife</u>               |
| (21) Number of children of this mother now living, including present birth <u>One</u> |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bella Evans(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pendleton

Given name added from a supplemental report

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

(27) Filed Oct 13, 22 (28) N. W. Seawright 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.