

## (1) PLACE OF BIRTH

County Germville

Township of .....

Inc. Town of .....

City of Greenwell

(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

File No. - For State Registrar Only

17724

Registration District No. 23a Registered No. 277

(For use of Local Registrar)

(2) Full Name of Child John Benjamin Hillis

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

(3) BOY OR GIRL +

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH June 5, 1913  
(Name of Month) (Day) (Year)

(8) FULL NAME

Alfred Hillis

(9) FULL NAME OF FATHER

John C. Hillis(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 21

(Time)

(12) BIRTHPLACE

N. C.

(13) OCCUPATION

Textile work

(14) Number of children born to mother, including present birth

2

(15) NAME OF MOTHER

John C. Hillis(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 19

(Time)

(18) BIRTHPLACE

N. C.

(19) OCCUPATION

Home work

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was John C. Hillis 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. M. Burnett

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed June 10, 1913(27) C. E. Smith 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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