

(1) PLACE OF BIRTH

County of YorkTownship of Bull Creek

Inc. Town of

City of

(If birth occurs in a hospital or (No.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

-File No. - For State Registrar Only

2754

Registration District No. 44.03Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child

Walton Hill

St. Ward)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
(Not entered only in case of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 23, 1922
(Month of Month) (Day) (Year)

MOTHER

(8) FULL NAME

FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(23) (Signature) L. A. Mitchell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by a mother)

(27) Filed

Feb. 4, 1922

(28)

W. A. Mitchell

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.

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.

McCrack, Columbia