

(1) PLACE OF BIRTH

County of YorkTownship of York

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

4337

Registration District No. 2860 Registered No. 14
(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 Daniel Hiner (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 Feb. 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Hiner(9) PRESENT POSTOFFICE OF FATHER York(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Year)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie White(15) PRESENT POSTOFFICE OF MOTHER York(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Year)

(18) BIRTHPLACE

(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at York, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Rachel Eason(23) State, including County or Midwife York(24) Address of Physician or Midwife YorkGiven name and address of child Daniel Hiner
(25) Signature of Parent Maggie White

When child is born, parent should make this return. If a child is stillborn, parent should make this return.