

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Manning  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**24039**

Registration District No. 307 Registered No. 25  
 (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 Lurash Hilton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 21 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Hilton

(9) PRESENT POSTOFFICE OF FATHER Manning S C

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
 (Year)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Beulah Hilton

(15) PRESENT POSTOFFICE OF MOTHER Manning S C

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
 (Year)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Lillian Hilton  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Manning S C

Given name added from a supplemental report

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

(26) Filed Sept 14 1923 (27) Local Registrar A. J. White

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.