

MARCH 1922  
 STATE FAMILY REGISTER  
 CASES OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 4. THE OTHER, No. 2, etc., in question 5.  
 MICHIGAN, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Lexington  
 Township of Cherry  
 or  
 Inc. Town of Batesburg Registration District No. 31-a  
 or  
 City of .....  
 (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  
15751  
 Registered No. 30  
 (For use of Local Registrar)

**(2) Full Name of Child** Correll Marie Hillman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 1-29 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME C. W. Hillman  
 (9) PRESENT POSTOFFICE OF FATHER Batesburg S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE Lexington Co. S.C.  
 (13) OCCUPATION Dealer in Wood & Coal  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lula May Lybrand  
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
 (18) BIRTHPLACE Lexington Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 7 1/2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) L. M. Mitchell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Batesburg S.C.

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_, 19 \_\_\_\_  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 12, 1922 (28) S. J. Altman 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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