

## (1) PLACE OF BIRTH

County of DillonTownship of Manningor  
Inc. Town of.....or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 1605

File No.—For State Registrar Only

29967

Registered No. 59  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mark Hinson Jr. (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 15, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mark Hinson</u>			(14) NAME BEFORE MARRIAGE <u>Laura Hayes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>52</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.S.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>15</u>			(21) Number of children of this mother now living, including present birth <u>15</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) S. C. Hester  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Dillon

Given name added from a supplemental report

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

(27) Filed Sept. 17, 1922 (28) R. F. Williams 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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