Acc. No. 3 Jan 1917

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 8412/8

Registration District No. 4501 Registered No. 18 (For use of Local Registrar)

(1) PLACE OF BIRTH
County of McCormick
Township of Edgefield
or
Inc. Town of
or
City of (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 Ruth Hill (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth (To be answered only in event of Twins or Triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 2, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Hill
(9) PRESENT POSTOFFICE OF FATHER McCormick S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Edgefield
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leila Jackson
(15) PRESENT POSTOFFICE OF MOTHER McCormick S.C.
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Edgefield Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary T. Jennings
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Plum Branch

Given name added from a supplemental report
19
Registrar

(26) Witness Charlie Hill (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 14 1922 (28) J. J. Morgan 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.

N. B.—In case of twins, triplets, etc., a separate blank is required for each child, and more than one affidavit may be attached to one certificate when the information is identical. This is a permanent record. Be careful in answering questions. Do not guess. Be sure your answers are correct.

MODOW BY COLUMBIA, S. C.