

(1) PLACE OF BIRTH  
 County of Bamberg  
 Township of 3 miles

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
48097

Inc. Town of ..... Registration District No. 404 Registered No. 14  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (For use of Local Registrar)

(2) Full Name of Child Thelma Louise Hiers child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) ~~Twin~~ or Triplet? ..... (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 23 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(3) FULL NAME Charlie Hiers  
 (7) PRESENT POSTOFFICE OF FATHER Edwards S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)  
 (12) BIRTHPLACE Bamberg Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Low Fields  
 (15) PRESENT POSTOFFICE OF MOTHER Edwards S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43 (Years)  
 (18) BIRTHPLACE Bamberg Co. S.C.  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Johnson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edwards S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

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

(27) Filed Mar 1 1916 (28) G. J. Henderson 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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