

(1) PLACE OF BIRTH

County of BambergTownship of 3 mileor
Inc. Town ofor
City of

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

(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
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Charlie Hiers(7) PRESENT POSTOFFICE OF FATHER Edward S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Bamberg Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Low Fields(15) PRESENT POSTOFFICE OF MOTHER Edward 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 (25) Address of Physician or Midwife

Midwife Edward S.C.

Given name added from a supplemental report

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

(27) Filed Mar 1 6 1916 (28) E. 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.

WRITE PLAINLY, WITH NEATNESS. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND ANSWER THE QUESTIONS IN QUESTION 5.

McCaw, of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48097

Registration District No. 404 Registered No. 14

(For use of Local Registrar)