

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
County, of Columbia

(1) PLACE OF BIRTH  
County of Greenville  
Township of CNeal

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

File No.—For State Registrar Only  
**85874**

or  
Inc. Town of ..... Registration District No. 22.13 Registered No. 77  
(For use of Local Registrar)  
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 Frances Mabel 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 No. 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 29, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Washington Luther Hill  
(9) PRESENT POSTOFFICE OF FATHER R.#. 1 Taylors S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Columbia S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth Five

MOTHER.  
(15) NAME BEFORE MARRIAGE Rosa Jeffords Henry  
(16) PRESENT POSTOFFICE OF MOTHER R.#. 1 Taylors S.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 28 (Years)  
(19) BIRTHPLACE CNeal S.C.  
(20) OCCUPATION Housekeeping  
(21) Number of children of this mother now living, including present birth Five

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

(22) I hereby certify that I attended the birth of this child, who was Aline at 8:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David Jackson M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Practicing Physician

R.#. 3. Greer 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 Nov. 30, 1916 (28) Albert W. Jones 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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