

Form No. 8

(1) PLACE OF BIRTH

County of OceanTownship of Seaside

or

Inc. Town of

or

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2

FILE NO. For State Registration

37020Registered No. 1576

(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 Jana Rose Hinchlar

If child is not yet named, make supplemental report as directed

(1) Sex— Male?	(2) Twin or Triplet?	(3) Number in order of birth <u>2</u>	(4) Age Parent Married	(5) DATE OF BIRTH <u>Oct 19</u> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(6) FULL NAME <u>Hilborn Hinchlar</u>	(14) NAME BEFORE MARRIAGE <u>Wend Patterson</u>	(6) FULL NAME <u>Jana R.F.D</u>	(14) NAME BEFORE MARRIAGE <u>Jana R.F.D</u>
(7) PRESENT RESIDENCE OF FATHER <u>Jana R.F.D</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Jana R.F.D</u>	(16) COLOR OR RACE <u>white</u>	(17) COLOR OR RACE <u>white</u>
(18) AGE AT LAST BIRTHDAY <u>15</u> (Years)	(19) AGE AT LAST BIRTHDAY <u>11</u> (Years)	(12) BIRTHPLACE <u>Ocean</u>	(13) BIRTHPLACE <u>Ocean</u>
(13) OCCUPATION <u>mill work</u>	(14) OCCUPATION <u>wife</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Hilborn Hinchlar on the date above stated.(23) (Signature) Hilborn Hinchlar

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is answered "no")

(27) Filed 11/10/79(28) Jana R.F.D

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 28th month of pregnancy.

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in column 1.