

# CERTIFICATE OF BIRTH

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

File No.—For State Engineer Use

1151

County of Marathon

Township of Hebron.....

Inc. Town of .....

of \_\_\_\_\_  
City of \_\_\_\_\_

Registration District No. 3384 Registered No. 485

(For use of Local Registrar)

(No. ....) (Date: .....)

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

(2) Full Name of Child not named

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

3) BOY ON  
GIRL

(4) **Tutor**  
**or Tutorship**

(2) Number in order of birth

(b) Are

DATE 2-18-10 23  
(Month) (Day) (Year)

**FATHER**

10 FULL NAME

John Wade Pencil

9 PRESENT  
POSTOFFICE  
OF FATHER

Nillon AG nr 2

(10) COLOR  
OF  
FACE

11) AGE AT LAST BIRTHDAY

12 **ORTHOPLAX**

PLATE 1

### 1. OCCUPATION

PATION  
Farming

29 Number of children born to mother, including present birth

1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(28) I hereby certify that I attended the birth of this child, who was Male at 10:05 M.  
on the date above stated. (Born alive or stillborn) (Hour and M. or P. M.)

(25) (Signature)

**Charles H. Hixson**

(25) Address of Physician or Midwife

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

(b) (5) DPP

(Signature of Witness necessary only  
when question 12 is signed by mark)

102 **Reviews**

207-152

U. N. Heller & Son

**\*When the child is stillborn, or a miscarriage or abortion, then the father, householder, etc., should make this return. If a child is born even dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.**

before the 10th month of pregnancy.