(1) PLACE OF BIRTH

County of Laurens

Township of Dials

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43275

Registration District No. 2901 Registered No. 148
(For use of Local Registrar)

(2) Full Name of Child ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		3	Yes	Dec 12 22

FATHER

(8) FULL NAME: J. O Hill Jr

(9) PRESENT POSTOFFICE OF FATHER: Owings SC

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 31 (Years)

(12) BIRTHPLACE: Laurens co SC

(13) OCCUPATION: Farmer

MOTHER

(14) NAME BEFORE MARRIAGE: Anna Stoddard

(15) PRESENT POSTOFFICE OF MOTHER: Owings SC

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Laurens co SC

(19) OCCUPATION: Domestic

(20) Number of children born to mother, including present birth: 3

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:50 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. J. Pace M D

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Gray Court

Given name added from supplemental report .....

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

(28) Filed ..... 23 (29) ..... Local Registrar

*When there was no attendant at birth, the father, mother, householder, etc., should make this return. If a child breathes or cries before the birth can be registered, a birth certificate and a death certificate must be filed. Neglect to register a birth is punishable by a fine of not more than $100.00. (Sec. 2, Act No. 1, Acts of 1915.)

Form No. 1—Rev. 1922—5M—Mailing Address: Columbia, S. C.