(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36377

County of Horry
Township of Simpson Creek
or
Inc. Town of No
or
City of No

Registration District No. 2509 Registered No. 106
(For use of Local Registrar)

(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 Shillingfacon Hewitt — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? —
To be answered only in event of Twins or Triplets
(5) Number in order of birth One
(6) Are Parents Married? Yes
(7) DATE OF BIRTH 7-22 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Roman Hewitt	(14) NAME BEFORE MARRIAGE Lillian Bellamy
(9) PRESENT POSTOFFICE OF FATHER Allsbrook S.C.	(15) PRESENT POSTOFFICE OF MOTHER Allsbrook S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Simpson Creek	(18) BIRTHPLACE Simpson Creek
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth Two	(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marian Hewitt
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Allsbrook S.C.

Given name added from a supplemental report
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..... 19 ....
Registrar

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

(27) Filed Aug 24 1923 (28) Dan W. Shoffner 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.