

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No.—For State Registrar

STATE OF SOUTH CAROLINA

44831

County of UnionBureau of Vital Statistics
State Board of HealthTownship of GonzvilleRegistration District No. 4204 Registered No. 5-1
(For use of Local Registrar)

Inc. Town of

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 R. J. Hill

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

3. SEX OR <u>Boy</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>No</u>	7. DATE OF BIRTH <u>Sept. 25</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				

FATHER

8. FULL NAME <u>Roland Hill</u>	9. PRESENT POSTOFFICE OF FATHER <u>Gonzville S.C.</u>	10. COLOR OR RACE <u>Blk</u>	11. AGE AT LAST BIRTHDAY <u>42</u> (Years)
12. BIRTHPLACE <u>Union Co. S.C.</u>			
13. OCCUPATION <u>Farmer</u>			
20. Number of children born to mother, including present birth <u>2</u>			

MOTHER

14. NAME BEFORE MARRIAGE <u>Pearl Jeffries</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Gonzville</u>	16. COLOR OR RACE <u>Blk</u>	17. AGE AT LAST BIRTHDAY <u>31</u> (Years)
18. BIRTHPLACE <u>Union Co. S.C.</u>			
19. OCCUPATION <u>Domestic</u>			
21. Number of children of this mother (now living, including present birth) <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was <u>John</u> at <u>M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)	23. Signature <u>Mary Harvey</u>
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 23 is signed by mark)

27. Date

July 11 1924 Mrs. H. L. Warr
Local Registrar

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.

MARGIN RESERVED FOR BINDING

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.