

1. PLACE OF BIRTH

County of York

Township of _____

or _____

City of Rock Hill, S.C.

(If birth occurs in a hospital or other institution, give name of same, period of stay and number)

2. FULL NAME OF CHILD James Joseph Hill, Jr.

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

3. Sex of child Boy

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Full name of father James Joseph Hill7. Full maiden name of mother Elise Camille Hobbs8. Residence (usual place of abode) Rock Hill, S.C.

(If non-resident, give place and State)

9. Color or race White10. Age at last birthday 29 (Years)11. Birthplace (city or place) Newberry, S.C.

(State or country)

12. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Freight Agent13. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Southern Railway

14. Date (month and year) last engaged in this work _____

15. Total time (years) spent in this work _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

18. Date (month and year) last engaged in this work _____

19. Total time (years) spent in this work _____

20. Date (month and year) last engaged in this work _____

21. Total time (years) spent in this work _____

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34. Date (month and year) last engaged in this work _____

35. Total time (years) spent in this work _____

36. Date (month and year) last engaged in this work _____

37. Total time (years) spent in this work _____

38. Date (month and year) last engaged in this work _____

39. Total time (years) spent in this work _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44-BRegistered No. 236

(For use of Local Registrar)

No. 118 Oakland Ave.

Ward _____

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:00 a.m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from _____

A supplemental report _____

(Date of) _____

Registrar _____

(Signed) W. S. Simpson, M.D.Address Rock Hill, S.C.Filed Nov. 12, 1936Registrar M. B. Thompson