

(1) PLACE OF BIRTH

County of Ashe  
Township of Rocky Spring  
or  
Inc. Town of.....  
or  
City of.....

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

Registration District No. 216 Registered No. 47  
(For use of Local Registrar)

(2) Full Name of Child James Harold Hines  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) AGE OF CHILD 46 (5) DATE OF BIRTH Sept 30, 1923

FATHER: (1) NAME David T. Hines (2) RESIDENT OF STATE Waynes S.C. (3) COLOR White (4) BIRTHPLACE S.C. (5) OCCUPATION Mechanic & Farmer  
MOTHER: (1) NAME Largie Sanford (2) RESIDENT OF STATE Waynes S.C. (3) COLOR White (4) BIRTHPLACE S.C. (5) OCCUPATION Housewife

(6) Number of children born to mother, living present day Eight (7) Number of children of this mother are living, including present day Eight  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(8) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (9) (Signature) Wm. B. Sadler (10) State whether Physician or Midwife Physician (11) Address of Physician or Midwife Waynes S.C.

Given name added from a supplemental report  
(12) Witness (Signature of Witness necessary when question 11 is signed) Wm. B. Sadler  
(13) Signed Sept 30, 1923 (14) 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.

\*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.