

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of St. P. St. M.
 or
 Inc. Town of Charleston
 or
 City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

645

Registration District No. 909 Registered No. 17
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 17th, 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fraser Lee Hill
 (9) PRESENT POSTOFFICE OF FATHER Meyers, P. O.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Genassee - I. C.
 (13) OCCUPATION Car Inspector.
 (20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Josepa Brickney
 (15) PRESENT POSTOFFICE OF MOTHER Meyers - P. O.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Hendersonville S. C.
 (19) OCCUPATION Wife
 (21) Number of children of the mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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

(27) Filed Feb. 8, 19 22 (28) L. F. Myers 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.

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THIS PLAINLY WITH UNFOLDING—THIS IS A PRESENT RECORD—
 one of TWINS OR TRIPLETS see SEPARATE BLANK FOR EACH CHILD and write in question 1
 FIRST-BORN, No. 1. THE OTHER No. 2, etc., in question 1.
 MICHAEL OF COL. REG. CHIEF, CHARLESTON, S. C.