

## (1) PLACE OF BIRTH

County of WilliamsTownship of Williamsor Town of Williamsor City of Williams

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4394

Registration District No. 2209Registered No. 53

(For use of Local Registrar)

(No. 21 St. 3rd Ward)(2) Full Name of Child Walter Hines

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7 1922(8) FULL NAME FATHER John Walter Hines (14) NAME BEFORE MARRIAGE William Lee Brookshire(9) PRESENT POSTOFFICE OF FATHER 213 1/2 St. S.C. (15) PRESENT POSTOFFICE OF MOTHER Same(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Textile worker (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Hines at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) C. J. Hines(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williams S.C.

Given name added from a supplemental report

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

(27) Full Name W. H. Hines (28) 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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