

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

File No.—For State Registrar Only

3119597

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child

John Hill

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

Triplet

(5) Number in order of birth

No. 2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 24, 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Hill

(9) PRESENT POSTOFFICE OF FATHER

Parksville S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Edgfield S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella King

(15) PRESENT POSTOFFICE OF MOTHER

Parksville S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

37

(18) BIRTHPLACE

Edgfield S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

Four

(21) Number of children of this mother now living, including present birth

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature)

J. B. Adams, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Fluor Branch S.C.

Given name added from a supplemental report

(26) Witness

Harriet Seigler

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

(27) Filed

Sept. 25, 1922

(28)

D. J. Morgan

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.

MICHIGAN, COLUMBIA, S. C. THE OFFICE, No. 2, etc., in question 5.