

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Appress

OF

Inc. Town of

OF

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. 3001 Registered No. 24
(For use of Local Registrar)

(2) Full Name of Child

Ethel Lee Hines

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

2

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

July 17, 23

(8) FULL NAME

Bennie Hines

(9) PRESENT POSTOFFICE OF FATHER

Bethquille

(10) COLOR OR RACE

Cal

(11) AGE AT LAST BIRTHDAY

21

(Year)

(12) BIRTHPLACE

Darlington

(13) OCCUPATION

Farm Labor

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mabel Monea

(15) PRESENT POSTOFFICE OF MOTHER

Bethquille

(16) COLOR OR RACE

Cal

(17) AGE AT LAST BIRTHDAY

46

(Year)

(18) BIRTHPLACE

Darlington

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lennine X Hines

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

7/19 23 W. D. Dubose 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
Bureau of Columns. Columns. B. C.