

(1) PLACE OF BIRTH

County of Dillon
 Township of Hillsboro
 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. 1603

File No.—For State Registrar Only
42101

Registered No. 195
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruth Pierce

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 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 29
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Colson Pierce(9) PRESENT POSTOFFICE OF FATHER Fork SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 9

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie S. Clanton(15) PRESENT POSTOFFICE OF MOTHER Fork SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida P. H. H. H.
 (24) State whether Physician or Midwife Midwife (25) Address of Physic. or Midwife Fork SC

Given name added from a supplement-
 tal report

(26) Witness W. N. S. C. Field
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Dec 30 19 22 (28) W. N. S. C. Field
 Registrar 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.