

(1) PLACE OF BIRTH

County of Willow
 Township of Hillsboro
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29960

Registration District No. 1603 Registered No.
 (For use of Local Registrar)

City of (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 Second Pittman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Male (4) Twin or Triplet Alone (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 4 1922
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Pore Pittman
 (9) PRESENT POSTOFFICE OF FATHER York SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ide Robertson
 (15) PRESENT POSTOFFICE OF MOTHER York SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Field hand
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Chase (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York SC

Given name added from a supplemental report

(26) Witness Mrs. J. H. S. also field
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 4 1922 (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.