(1) PLACE OF BIRTH

County of Newberry

Township of .....

or

Inc. Town of .....

or

City of Newberry

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4651

Registration District No. 34—A Registered No. 20
(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 Anna Magdalene Hill

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feby 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Hill

(9) PRESENT POSTOFFICE OF FATHER Newberry S. C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Mill Operative

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Clemmons

(15) PRESENT POSTOFFICE OF MOTHER Newberry S. C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 10.20 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. J. Derrick

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Newberry S. C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Mar. 9 1923

(28) S. F. Cunningham
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.

MARGIN REMAINS RED FOR BINDING.
WHITE PLANES. WITH LEADING INK—THIS IS A PERMANENT RECORD.
In Single case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1; THE OTHERS, No. 2 etc. in question 5