

(1) PLACE OF BIRTH

County of Sumter, S.C.

Township of

or
Inc. Town ofor
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

File No.—for State Registrar

5315

Registration District No. 41-A Registered No. 2-5...

(For use of Local Registrar)

(No. Thomson Hospital St.) Ward)(2) Full Name of Child Jessie Lucile Hill If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Type or Trade <u>✓</u> Is in covered only in event of Type or Trade	(5) Number in order of birth <u>1</u>	(6) Age <u>yes</u> Is in covered only in event of Type or Trade	(7) DATE OF BIRTH <u>Sept 3, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Kenneth B. Hill(9) PRESENT RESIDENCE OF FATHER Sumter, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Thomsonville, S.C.(13) OCCUPATION Plumber(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile L. Barrow(16) PRESENT RESIDENCE OF MOTHER Sumter, S.C.(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(15) BIRTHPLACE Sumter, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Moore M.D.

(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 22 is signed by mark)

(27) Filed MOA 10 2 5 (28) W. E. Moore 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.

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MAKING SEVERAL COPIES OF THIS CERTIFICATE. WITH INFORMATION IN THIS IS A PERMANENT RECORD. THE ORIGINAL COPY OF THIS CERTIFICATE IS TO BE KEPT IN THE OFFICE OF THE STATE BOARD OF HEALTH, NO. 2, MAIN STREET, COLUMBIA, S.C.