

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGaw, of Columbia.

(1) PLACE OF BIRTH

County of Turner  
Township of Leonway  
or  
Inc. Town of Leonway  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90314

Registration District No. 25A Registered No. 66  
(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 Mary Lee Hill { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 24 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don Lee Roy Hill

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Watersville S.C.

(13) OCCUPATION Baptist Minister

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

MOTHER

(14) NAME BEFORE MARRIAGE Fannie Askins

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Flarence County

(19) OCCUPATION \_\_\_\_\_

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Sinsens

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Dec 28 1916 (28) W. H. Sinsens 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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