

(1) PLACE OF BIRTH

County of FlumenTownship of Lake

Inc. Town of

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 Only

42395

Registration District No. 2009 Registered No. 161

(For use of Local Registrar)

(2) Full Name of Child Barbara Lucile Hill { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2-16-1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Hill(9) PRESENT POST OFFICE OF FATHER Lake City, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION U.S. Army(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Robinson(15) PRESENT POST OFFICE OF MOTHER Lake City, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 3 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. R. Carter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City, S.C.

When name added from a supplemental report

(26) Witness

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

(27) Filed 1/17/23 (28) A. R. Carter Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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