

County of T. Lincoln  
Township of T. Lincoln  
or  
Inc. Town of.....  
or  
City of .....

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

4125

Registration District No. 2. P.O.B. Registered No. 2  
(For use of Local Registrar)

Inc. Town of.....  
or  
City of ..... (No. .... St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make

(2) Full Name of Child Sarah Kline If child is not yet named, make supplemental report as directed.

|                            |                     |                             |                                    |   |
|----------------------------|---------------------|-----------------------------|------------------------------------|---|
| 1. BOY OR GIRL? <i>boy</i> | 4. Twin or Triplet? | 5. Number in order of birth | 6. Are Parents Married? <i>yes</i> | 7. DATE OF BIRTH <i>Feb. 4 1922</i><br>(Name of Month) (Day) (Year) |
|----------------------------|---------------------|-----------------------------|------------------------------------|---|

8. FULL NAME Peter Hines

3. PRESENT POSTOFFICE OF FATHER Flourence.

102 COLOR OR RACE *Colored.* (11) AGE AT LAST BIRTHDAY *28*  
(Year)

12 BIRTHPLACE Florence Co.

12. OCCUPATION *Farmer.*

24. Number of children born to mother, including present birth 5

(14) NAME BEFORE MARRIAGE Miss Pettigrew

(15) PRESENT POSTOFFICE OF MOTHER Filmore.

(18) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *26*  
(Year)

(18) BIRTHPLACE *Florence Co.*

(18) OCCUPATION *flower worker & field*

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

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
 on the date above stated.

|   |                                      |
|---|--------------------------------------|
| (23) (Signature) <u>John A. Smith</u>                     | (25) Address of Physician or Midwife |
| (24) State whether Physician or Midwife<br><u>Midwife</u> | <u>76 W. 100th St. N.Y.C.</u>        |

Given name added from a supplemental report

(24) Witness ..... *E. C. Craft M.D.*  
(Signature of Witness necessary only  
when question 23 is signed by mark)

Filed Feb 11 1922 (28) 66 Craft M. N. 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.