

(1) PLACE OF BIRTH

County of LancasterTownship of Try Creekor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19200

Registration District No. Registered No.
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of street and number.)(2) Full Name of Child James Thomas If child is not yet named, make supplemental report as directed3 BOY OR GIRL? Boy (4) Twin or Triplet? No 5 Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 28 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Thomas9 PRESENT POSTOFFICE OF FATHER Lancaster10 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (Years)12 BIRTHPLACE Lancaster Co13 OCCUPATION Farmer20 Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Hill(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Lancaster Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Hill
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7-13-22 (28) J. J. Hill 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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