(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or City of Charleston (If birth occurs in a hospital or other institution, give its name instead of street and number.)

# CERTIFICATE OF BIRTH

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

File No. 32014

Registration District No. 9A

Registered No.

(Use ink or indelible pencil)

(No. Roper Hosp. St.) (Ward)

2) Full Name of Child .....Infant Hillard.....

If child is not yet named, make supplemental report as directed

| (3) SEX—BOY or GIRL? | (4) Twin or Triplet? (If twin or triplet, state whether first, second or third born) | (5) Number in order of birth 2 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Nov 21 1923 (Month) (Day) (Year) |
|---|---|---|---|---|

## FATHER

(8) FULL NAME William Hillard

(9) PRESENT POSTOFFICE OF FATHER 58 Anson St Charleston S C

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23. (Years)

(12) BIRTHPLACE Adams Run S C

(13) OCCUPATION Lab.

(14) Number of children born to mother, including present birth 2

## MOTHER

(14a) MAIDEN NAME Anna Brown.

(15) PRESENT POSTOFFICE OF MOTHER 58 Anson St Charleston S C

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Mt Pleasant S C

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 7 A M (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Roderick Meek Mc D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Roper Hosp Charleston S C

Given name added from a supplemental report

....., 192....

.....
Registrar

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

(27) Filed 11/27 1923 Chas. D. Mazyck Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.