

(1) PLACE OF BIRTH

County of Sumter
 Township of Center
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
35796

Registration District No. 3500 Registered No. 125
 (For use of Local Registrar)

(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 supplemental report as directed

(2) Full Name of Child

Samuel Duval Hild

(3) SEX OR MALE (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 2 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Hild
 (9) PRESENT POSTOFFICE OF FATHER Westminster
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Years)
 (12) BIRTHPLACE W. Va.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mystie Jordan
 (15) PRESENT POSTOFFICE OF MOTHER Westminster
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE West Co. Va.
 (19) OCCUPATION House work
 (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 at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula E. Carter (24) State whether Physician or Midwife (25) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report

(26) Witness Anna Miller
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 12 22 (28) A. P. Miller 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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