

(1) PLACE OF BIRTH

County of

Municipality of

or

City of

or

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

No. 44011

Registration District No. 27.01

Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OR SEX	(4) Type or Triplet	(5) Number in order of birth	(6) Are Parent Married	(7) DATE OF BIRTH
Male				Dec 27, 27
(8) FULL NAME OF FATHER				(9) FULL NAME OF MOTHER
J. I. Hillon				Delia Hillon
(10) PRESENT POSTOFFICE OF FATHER				(10) PRESENT POSTOFFICE OF MOTHER
Camden				Camden
(11) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) COLOR OR RACE	(12) AGE AT LAST BIRTHDAY	
W	27	W	23	
(13) BIRTHPLACE	(13) BIRTHPLACE	(14) BIRTHPLACE	(14) BIRTHPLACE	
W	W	W	W	
(15) OCCUPATION	(15) OCCUPATION	(15) OCCUPATION	(15) OCCUPATION	
Teacher	Teacher	Teacher	Teacher	
(16) Number of children born to mother, including present birth	(16) Number of children of this mother now living, including present birth	(16) Number of children of this mother now living, including present birth	(16) Number of children of this mother now living, including present birth	
1	1	1	1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by birth)

(27) Filed

Jan 15, 28

(28)

Local Registrar

19... Registrar

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