Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50590

(1) PLACE OF BIRTH

County of Sumter

Township of Providence

or
Inc. Town of ..... Registration District No. ..... Registered No. 13 (For use of Local Reistrar)

or
City of ..... (No. ..... Si.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 6, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME James Hill.	(14) NAME BEFORE MARRIAGE Alfonia Digg's
(9) PRESENT POSTOFFICE OF FATHER Dalzell, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. (Born alive or stillborn) (Hour ~~A. M.~~ or P. M.) on the date above stated.

(23) (Signature) James Hill. Father

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Melia Slayton, Dalzell, S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Feb. 12, 1916. (28) B. McLaughlin 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.