

(1) PLACE OF BIRTH

County of RichlandTownship of Lowry

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3802

File No.—For State Registrar Only

19008

Registered No. 162
(For use of Local Registrar)

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

(2) Full Name of Child Samuelson Hills If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Person Reported Yes (6) DATE OF BIRTH June 11, 1900 (7) (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel Hills</u>	(10) NAME BEFORE MARRIAGE <u>Walter P. Hills</u>	(14) NAME BEFORE MARRIAGE <u>Walter P. Hills</u>	(16) NAME BEFORE MARRIAGE <u>Walter P. Hills</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lykesland, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lykesland, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lykesland, S.C.</u>	(17) PRESENT POSTOFFICE OF MOTHER <u>Lykesland, S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>
(12) BIRTHPLACE <u>South Carolina</u>	(13) BIRTHPLACE <u>South Carolina</u>	(18) BIRTHPLACE <u>South Carolina</u>	(19) BIRTHPLACE <u>South Carolina</u>
(13) OCCUPATION <u>Farmer</u>	(14) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>Thirteen</u>	(21) Number of children of this mother now living, including present birth <u>Thirteen</u>	(20) Number of children born to mother, including present birth <u>Thirteen</u>	(21) Number of children of this mother now living, including present birth <u>Thirteen</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 79 M., on the date above stated. (Residence or stillborn) (Hour) (M. or P. M.)(23) (Signature) Charlotte Taylor(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lykesland, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. M. Gorman

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

(27) Filed 6/19/00 (28) Mrs. J. M. Gorman Local Registrar.

When there was no attending physician or midwife, then the father, household, 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.