

Form No. 3

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Pendleton  
 OF  
 Inc. Town of 1  
 OF  
 City of 1

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16683

Registration District No. 310Registered No. 64  
(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 Johnnie Dayton Hill (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 29 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edward Hill</u>			(14) NAME BEFORE MARRIAGE <u>Mary Jenkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pendleton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pendleton S.C.</u>	
(10) COLOR OR RACE <u>Cal.</u>			(16) COLOR OR RACE <u>Cal.</u>	
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Anderson Co.</u>			(18) BIRTHPLACE <u>Anderson Co.</u>	
(13) OCCUPATION <u>Blacksmith</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianPendleton S.C.

Given name added from a supplemental report

M.B. Woodward, M.D.affid. 1/18/4319  
Registrar

(26) Witness

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

(27) Filed July 10 1923(28) N.H. Lawrence  
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.

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.

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