

(1) PLACE OF BIRTH

County of Georgetown
 Township of 7-5
 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

1824

Registration District No. 2-104 Registered No. 8
 (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.)

(2) Full Name of Child Hillis Sonnet If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Smith
 (9) PRESENT POSTOFFICE OF FATHER Rhums SC.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Georgetown County
 (13) OCCUPATION Public Works
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Ford
 (15) PRESENT POSTOFFICE OF MOTHER Rhums SC.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Georgetown County
 (19) OCCUPATION Housewife
 (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 born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Vernon

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rhums SC.

Given name added from a supplemental report

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

(27) Filed Jan 24 19 22 (28) L. D. Ellis
 Registrar 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.

THIS IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT MUST NOT BE REPORTED AS STILLBORN UNLESS THE CHILD DOES NOT BREATHE AT ANY TIME. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.