

See vol 1070 8412

(1) PLACE OF BIRTH

County of McConnick

Township of Bordaux

or
Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4500

File No. — For State Registrar Only

1919

Registered No. 15
(For use of Local Registrar)

.....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

Arthur Hill

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet? no

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 2 1922

(Name of Month) (Day) (Year)

.....

.....

.....

FATHER.

(8) FULL NAME

Charles Hill

(9) PRESENT POSTOFFICE OF FATHER

Bordaux

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

S.C

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Leta Jones

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

S.C

(19) OCCUPATION

housewife

(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 at M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

D. A. Bell

(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 23 is signed by mother)

(27) Filed

Feb 10 1922

19

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.

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