

(1) PLACE OF BIRTH

County of Berkley.....
 Township of 2. St......
 or
 Inc. Town of Jamieson.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19989

Registration District No 201..... Registered No 39.....
 (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

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

1. BOY OR GIRL <u>Boy</u>	2. Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	3. Number in order of birth	4. Are Parents Married? <u>yes</u>	5. DATE OF BIRTH <u>July 13 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
6. FULL NAME <u>Sam Hinkley</u>			14. NAME BEFORE MARRIAGE <u>Ida Cooper</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Summersville, S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Summersville, S.C.</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
11. AGE AT LAST BIRTHDAY <u>55</u> (Years)			17. AGE AT LAST BIRTHDAY <u>37</u> (Years)	
12. BIRTHPLACE <u>Sumter Co.</u>			18. BIRTHPLACE <u>Dorchester Co.</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>9</u>			21. Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 11:23 AM ...
 on the date above stated. (Born alive or stillborn) (Hour ? A. M. or P. M.)

Ida Hinkley (23) (Signature) Edmund H. Remond
Local Registrar (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Summersville, S.C.

Given name added from a supplemental report

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

(27) Filed Aug 10 1923 (28) R. J. Harmon
 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.

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