

(1) PLACE OF BIRTH  
County of Spalding  
Township of 32  
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  
74709

Registration District No. 40000 Registered No. 115  
(For use of Local Registrar)

St. ; Ward  
(No. of institution, give name of same instead of street and number.)  
City of Verona Latha Hill } Child is not yet named, make supplemental report as directed

(2) Full Name of Child. Verona Latha Hill  
(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 aug 26 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Loyd C Hill  
(9) PRESENT POSTOFFICE OF FATHER McLennan SC RA 2  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 9

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mon Estrel Huggins  
(15) PRESENT POSTOFFICE OF MOTHER McLennan SC RA 2  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at Verona Latha Hill (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report  
1916  
Registrar [Signature]

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) Filed 8/27 1916 (28) [Signature] 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.

McCraw of Columbia, PUBLISHED BY THE STATE BOARD OF HEALTH, No. 2, etc., in question 5.