

3-30-42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of AndersonTownship of Rock Millsor
Inc. Town of _____or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 3/2

FILE No.—For State Registrar Only

00247

Registered No. _____
(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 Wade Burgess Hiott { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Are Parents Married? yes 8. Date of birth Oct. 3 1914
(Month, day, year)9. Full name William Edgar Hiott FATHER10. Residence (mailing address)
(If non-resident, give place and State) Belton S.C.11. Color or race White 12. Age at child's birth 30 (years)13. Birthplace (city or place)
(State or country) Anderson Co.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____16. Date (month and year) last
engaged in this work _____ 17. Total time (years)
spent in this work _____18. Name before marriage Elva Burgess MOTHER19. Residence (mailing address)
(If non-resident, give place and State) Belton S.C. Rt. 220. Color or race White 21. Age at child's birth 27 (years)22. Birthplace (city or place)
(State or country) Anderson Co.23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. House work24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home25. Date (month and year) last
engaged in this work _____ 26. Total time (years)
spent in this work _____27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____
period of gestation _____ Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 3 A. m. on the date above stated.
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from _____
a supplementary report _____ (Date of) _____

Registrar.

(Signed) Mrs Elva Hiott, Parent
or _____, GuardianAddress Belton S.C. Rt. 2
Filed 5/13/42 19 14 M. O. Woodman
Registrar.