

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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		00247	
Township of <u>Rock Mills</u>		Registration District No. <u>3/2</u>		Registered No. _____	
or Inc. Town of _____		(No. _____ St.; _____ Ward)		(For use of Local Registrar)	
or City of _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		If child is not yet named, make supplemental report as directed.	
2. FULL NAME OF CHILD <u>Wade Burgess Hiott</u>					
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other	6. Premature	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Oct. 3</u> 19 <u>42</u> (Month, day, year)
9. Full name FATHER <u>William Edgar Hiott</u>			18. Name before marriage MOTHER <u>Elva Burgess</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Belton S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Belton S.C. Rt 2</u>		
11. Color or race <u>White</u>	12. Age at child's birth <u>30</u> (years)		20. Color or race <u>White</u>		21. Age at child's birth <u>27</u> (years)
13. Birthplace (city or place) (State or country) <u>Anderson Co.</u>			22. Birthplace (city or place) (State or country) <u>Anderson Co.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House work</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
19. _____		19. _____		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 <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____		months _____ weeks _____	29. Cause of stillbirth _____		Before labor _____ During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was <u>Ronnie</u> at <u>3</u> <u>A.</u> 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.			(Signed) <u>Mrs Elva Hiott</u> , Parent		
Given name added from a supplementary report _____ (Date of) _____			or _____, Guardian		
_____ Registrar.			Address <u>Belton S.C. Rt 2</u>		
_____ Registrar.			Filed <u>5/13/42</u> 19 <u>42</u> <u>M. O. Woodman</u> Registrar.		

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