

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.)

22 049400

1. PLACE OF BIRTH
County of Richland
Township of Eastover
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3806

FILE No.—For State Registrar Only

04951

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Willie Albert Hinson { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>boy</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>March 24</u> , 19 <u>22</u> (Month, day, year)
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9. Full name <u>Willie E. Hinson</u>	FATHER	18. Name before marriage <u>Eva Kelly</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Eastover, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Eastover, S.C.</u>
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11. Color or race <u>white</u>	12. Age at child's birth <u>4D</u> (years)	20. Color or race <u>white</u>	21. Age at child's birth <u>23</u> (years)
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13. Birthplace (city or place) (State or country) <u>Kershaw County</u>	22. Birthplace (city or place) (State or country) <u>Kershaw County</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Saw Milling</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work 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.
	16. Date (month and year) last engaged in this work 19.....		17. Total time (years) spent in this work.....

27. Number of children of this mother 7
(At time of birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn.....

28. If stillborn, period of gestation.....	months	29. Cause of stillbirth.....	Before labor.....
	weeks		During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at March 24 11 P.m. on the date above stated.

(Signed) Willie E. Hinson....., Parent
or....., Guardian

Address 1610 Winthrop, S.C.

Filed Oct. 10, 1942 M.B. Woodward, M.D.

Registrar.

Registrar.