

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 Richland
Township of Eastover
or
Inc. Town of _____
or
City of _____

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)

(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 Willie Albert Hinson

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

3. Boy or Girl boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date of birth March 24, 1922
(Month, day, year)

9. Full name Willie E. Hinson FATHER
10. Residence (mailing address) Eastover, S.C.
(If non-resident, give place and State)

18. Name before marriage Eva Kelly MOTHER
19. Residence (mailing address) Eastover, S.C.
(If non-resident, give place and State)

11. Color or race white 12. Age at child's birth 40 (years)
13. Birthplace (city or place) Kershaw County
(State or country)

20. Color or race white 21. Age at child's birth 23 (years)
22. Birthplace (city or place) Kershaw County
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Milling
15. Industry or business in which work 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 _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. 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 _____ 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 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.