

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

4110

Registration District No.

Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child

James William Hiseau

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 25, 1923

(8) DAY OF MONTH

(9) YEAR

FATHER.

(10) FULL NAME

James William Hiseau

(11) PRESENT POSTOFFICE OF FATHER

P.O. Hiseau St. Greenwood S.C.

(12) COLOR OR RACE

white

(13) AGE AT LAST BIRTHDAY

31 (Years)

(14) BIRTHPLACE

Near Troy S.C.

(15) OCCUPATION

Mill operator

(16) Number of children born to mother, including present birth

2

MOTHER.

(17) NAME BEFORE MARRIAGE

Miss Evelyn Smith

(18) PRESENT POSTOFFICE OF MOTHER

E. O. Hiseau St. Greenwood S.C.

(19) COLOR OR RACE

white

(20) AGE AT LAST BIRTHDAY

23 (Years)

(21) BIRTHPLACE

Greenwood S.C. Hiseau

(22) OCCUPATION

Domestic

(23) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(25) (Signature)

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(29) Date

July 10, 1923

(30)

W. A. Williams Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.