

(1) PLACE OF BIRTH

County of Lee
 Township of Turkey Creek
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43430

Registration District No. 2009 Registered No. 58
 (For use of Local Registrar)

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

(2) Full Name of Child Lawrence Hinson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 22, 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Oliver Hinson</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Christmas</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lucas, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lucas, S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>S.C. U.S.A.</u>	(18) BIRTHPLACE <u>S.C. U.S.A.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Boy born at 10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. O. Walker
 (24) State Physician (25) Address of Physician or Midwife Lucas, S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 6, 23 (28) J. O. Rodgers Local Registrar

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