

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

or City of Greenville

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

(2) Full Name of Child Lynette Hill(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 22(6) Are Parents Married? Yes(7) DATE OF BIRTH 12 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Hill(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Ga(13) OCCUPATION Lytle Book(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Abra Smith(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Ga(19) OCCUPATION House(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

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

(27) Filed Jan 11 1923 (28) C. E. Smith 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.