

(1) PLACE OF BIRTH

County of Anderson
 Township of Carner
 or
 Inc. Town of Carner
 City of _____

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

File No.—For State Registrar Only
3025

Registration District No. 304 Registered No. 11
 (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 Ezella Hill

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

(3) Boy (4) Twin or Triplet? _____ (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reese Hill
 (9) PRESENT POSTOFFICE OF FATHER Ida S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Carner Township Anderson Co. S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Leola Heard
 (15) PRESENT POSTOFFICE OF MOTHER Ida S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Anderson Co. S.C.
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or dead? (Hour P. M. or P. M.)

(23) (Signature) Calhoun Kimes
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ida S.C.

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 13 1922 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.

MATION RESERVED FOR BINDING.

WHITES PLAINLY. WITH UNLAWFUL INTENT—THIS IS A PERMANENT RECORD
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN NO. 1 THIS OTHER NO. 2, ETC. IN QUESTION 6

MADE OF ENGLISH, COLUMN 6