

(1) PLACE OF BIRTH

County of Threshaw...Township of ...or
Inc. Town of ...City of ...

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2124Registered No. 12
(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 Robert Sam HillIf child is not yet named, make
supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Form ... (5) Number in order of birth ... (6) Age ... (7) Date of birth Dec. 21-23
(8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER.		MOTHER.	
(1) FULL NAME	<u>Featherin Hill</u>	(1) NAME BEFORE MARRIAGE	<u>Daisy Nighten</u>
(2) PRESENT RESIDENCE OF FATHER	<u>Dugoff</u>	(2) PRESENT RESIDENCE OF MOTHER	<u>Dugoff</u>
(3) COLOR OR RACE	<u>Color</u>	(3) COLOR OR RACE	<u>Color</u>
(4) BIRTHPLACE	<u>Vinger Hill</u>	(4) BIRTHPLACE	<u>Chingar Hill</u>
(5) OCCUPATION	<u>farmer</u>	(5) OCCUPATION	<u>farmer</u>
(6) Number of children born to mother, including present birth	<u>1</u>	(6) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was a live at 4:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature)

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife

(Given name added from a supplemental report)

(32) Witness Alice Stinson
(Signature of Witness necessary only when question 28 is signed by mark)(33) Filed Dec. 31-23

*When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No child must be reported as stillborn before the fifth month of pregnancy.