

## (1) PLACE OF BIRTH

County of Bamberg

Township of .....

Inc. Town of .....

City of Bamberg

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

(2) Full Name of Child Ralph

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

(a) SEX Boy (b) Type of Twin None (c) Number in order of birth 1st (d) Age 3 1/2 (e) DATE OF BIRTH 9/23/23

FATHER  
(a) FULL NAME Sidney Hills  
(b) PRESENT RESIDENCE OF FATHER Bamberg SC  
(c) COLOR OR RACE White (d) AGE AT BIRTH 41  
(e) BIRTHPLACE Bamberg SC  
(f) OCCUPATION Textile

MOTHER  
(a) NAME BEFORE MARRIAGE Victoria Hill  
(b) PRESENT RESIDENCE OF MOTHER Bamberg SC  
(c) COLOR OR RACE White (d) AGE AT BIRTH 37  
(e) BIRTHPLACE Bamberg SC  
(f) OCCUPATION Domestic

(g) Number of children born to mother, including present birth 5 (h) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ralph on the date above stated.(23) (Signature) Robt Black(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

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

(27) Filed 10/2/23 (28) 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.

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WRITE PLAINLY, WITH EXPANDED LINE—THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark on FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 1.

Revised by Columbia, Columbia, S. C.

Revised