

(1) PLACE OF BIRTH

County of Baskin
 Township of St. Stephen
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

34898

Registration District No. 703 Registered No. 103
 (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 Barnes William Hill (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL B (4) Twin or Triplet No (5) Order of Birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 1 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Williams(9) PRESENT POSTOFFICE OF FATHER Pineville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48 (Year)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Jackson(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 44 (Year)(18) BIRTHPLACE Pineville(19) OCCUPATION Farm-wife(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 50 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Satira M. Cray
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Pineville

(Given name added from a supplemental report)

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

(27) Filed Nov 5 1923 (28) W. A. Fyfe 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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