

Form No. 10. MAJIN RECEIVED IN RECORDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 5.

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

File No.—For State Registrar Only  
**15033**

(1) PLACE OF BIRTH  
 County of York  
 Township of Bulluck Creek  
 or  
 Inc. Town of ..... Registration District No. 4413 Registered No. 70  
 or  
 City of ..... (No. .... St. .... Ward) (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 Maggie Belle Hill ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9 1914  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Nathaniel Hill  
 (9) PRESENT POSTOFFICE OF FATHER Sharone, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE York Co. S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Belle Beck  
 (15) PRESENT POSTOFFICE OF MOTHER Sharone, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE York Co. S.C.  
 (19) OCCUPATION Housekeeping  
 (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 at 1:00 ..... M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. E. McCalister  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharone, S.C.

Given name added from a supplemental report ..... 191.....  
 Registrar

(26) Witness J. E. McCalister (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec. 12 1915 (28) J. E. McCalister Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return reported as stillborn. No report is desired of stillbirths before 1 fifth month of pregnancy.  
 \* child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.