

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

No

(7) DATE OF BIRTH

June 4, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

A. B. Hill

(9) PRESENT POSTOFFICE OF FATHER

Camp Bragg N.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

Unknown

(12) BIRTHPLACE

Unknown

(13) OCCUPATION

Soldier

(14) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Geraldine Cooper

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C. R. 7. 2. 4

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

19

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

Housekeeper

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Columbia S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

7-14-1922

(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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File No.—For State Registrar Only

20010

Registered No. 144

(For use of Local Registrar)

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

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.

McCaw, of Columbia.

N. 1

McCaw