

## (1) PLACE OF BIRTH

County of CecilTownship of Julyor  
Inc. Town of .....or  
City of Hitchyville

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

(2) Full Name of Child Robert James3) BOY OR  
GIRL? Boy4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

5) Number in  
order of birth6) Are  
Parents  
Married?

7) DATE OF

BIRTH June 22 1927  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL  
NAME James Hitchy9) PRESENT  
POSTOFFICE  
OF FATHER Hitchyville10) COLOR  
OR  
RACE negro11) AGE AT LAST  
BIRTHDAY 2 1/2  
(Years)12) BIRTHPLACE SC13) OCCUPATION laborer20) Number of children born to  
mother, including present birth 1

## MOTHER.

14) NAME BEFORE  
MARRIAGE Winnie Mae Jester15) PRESENT  
POSTOFFICE  
OF MOTHER Hitchyville16) COLOR  
OR  
RACE negro17) AGE AT LAST  
BIRTHDAY 20  
(Years)18) BIRTHPLACE SC19) OCCUPATION House wife21) 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 at A. R. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carroll C. Conley(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife HitchyvilleGiven name added from a supplement-  
tal report(26) Witness J. E. ConleySignature of Witness necessary only  
when question 23 is signed by mark

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Registrar

(27) Date June 22, 1927

(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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28507

Registration District No. 20 Registered No. ....  
(For use of Local Registrar)

St.; ..... Ward)

If child is not yet named, make  
supplemental report as directedTHIS IS A PERMANENT RECORD.  
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.