

N. E.—In cases 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.

(1) PLACE OF BIRTH

County of Greenville
 Township of Great
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18900

Registration District No. 2213 Registered No. 49
 (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 Lila Charlie Hill If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 1, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Carl Perry Hill
 (9) PRESENT POSTOFFICE OF FATHER Taylor's S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Elizabeth Gibson
 (15) PRESENT POSTOFFICE OF MOTHER Taylor's S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Carl Perry Hill (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Taylor's 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 July 8, 1922 (28) Albert W. Neeson 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.