

(1) PLACE OF BIRTH

County of Dorchester
 Township of Pleasant Hill
 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

1750

Registration District No. 2806 Registered No. 1
 (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

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 19 1922</u> (Named Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Maurice H. Hinson</u>			(14) NAME BEFORE MARRIAGE <u>Katie Barrett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Heath Spring S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Heath Spring S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Dorchester Co</u>			(18) BIRTHPLACE <u>Dorchester Co</u>	
(13) OCCUPATION <u>Farm & Saw mill</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. Rutledge
 (24) State whether Physician or Midwife
Physician
 (25) Address of Physician or Midwife
Heath Spring S.C.

Given name added from a supplemental report

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

(27) Filed Jan 19 1922 (28) E. F. Hinson
 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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