

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28761

Township of Bushy Creekor
Inc. Town of Registration District No. 302 Registered No. 95
(For use of Local Registrar)City of (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 Sarah Louise Hines If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Allen Hines(9) PRESENT POSTOFFICE OF FATHER Easley SC R #3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 59 (Years)(12) BIRTHPLACE Pennsylvania(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Williams(15) PRESENT POSTOFFICE OF MOTHER Easley SC R #3(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Pickens Co. SC(19) OCCUPATION housekeeper(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. P. ... (24) State whether Physician or Midwife. (25) Address of Physician or Midwife. Easley SC R #3

Given name added from a supplemental report

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

(27) Filed Oct. 3, 1922 at J. R. ... 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.