

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 4.

(1) PLACE OF BIRTH

County of Lancaster
Township of Flat Creek
or
Inc. Town of

CERTIFICATE OF BIRTH

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

No. 35126

Registration District No. 2803

Registered No. 93
(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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age Parents 40 (7) DATE OF BIRTH Oct 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Lince Hinson
(9) PRESENT POSTOFFICE OF FATHER Kershaw
(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 21
(Year) (12) BIRTHPLACE
(13) OCCUPATION Barren Hand
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Olie Bertha
(15) PRESENT POSTOFFICE OF MOTHER Kershaw
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 19
(Year) (18) BIRTHPLACE
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Mary Watt (22) Address of Physician or Midwife

Given name added from a supplemental report

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

(24) Filed Oct 22 (25) H. C. Nelson 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.