

(1) PLACE OF BIRTH

County of Hampton
Township of Peeples
or
Inc. Town of Hampton
or
City of Hampton
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
64746

Registration District No. 2402 Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child B. R. Hiers Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 12 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>B. R. Hiers Sr.</u>	(14) NAME BEFORE MARRIAGE <u>Miss Hattie Carter</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton</u>			
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>39</u> (Years)			
(12) BIRTHPLACE <u>Colleton Co</u>	(18) BIRTHPLACE <u>Colleton Co</u>			
(13) OCCUPATION <u>Attorney</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was blue at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Felt
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Crosson St.

Given name added from a supplemental report
119/43 1916
B. W. S. M.
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/30 1916 (28) H. W. Rogers 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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FOR PAGE 1
VACATED 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 5.
I, McGraw of Columbia.