

Form No. 1

(1) PLACE OF BIRTH

County of Greenville.....  
Township of South.....  
OF  
Inc. Town of.....  
OF  
(City of.....)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

4087

Registration District No. 227 Registered No. 4.....  
(For use of Local Registrar)

(No. ....) (City of.....) (Ward).....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Jane Allison Hillman.....

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

3) SEX OF CHILD girl (4) Twin or Triplet.....  
To be answered only in event of Twin or Triplet

5) Are Parents Married? yes 6) DATE OF BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Oliver Peritt Hillman

9) PRESENT POSTOFFICE OF FATHER Greenville, R.F.D. #4

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

12) BIRTHPLACE Greenville, County

13) OCCUPATION Farming

20) Number of children born to mother, including present birth one

MOTHER.

14) NAME BEFORE MARRIAGE Jane Vera Allison

15) PRESENT POSTOFFICE OF MOTHER Greenville, R.F.D. #4

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30 (Years)

18) BIRTHPLACE Horse Shoe, N.C.

19) OCCUPATION House Keeper

21) 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 12:30 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Dr. F. A. Landrix (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) 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

FIRST-BORN. No. 1. THE OTHER. No. 2. etc. In question 20