

PLACE OF BIRTH

of York

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

No. 11.—For State Registrar Only
26645

—For State Registrar Only
6646

born of *John Hill*

Registration District No. *44 B* Registered No. *183*
(For use of Local Registrar)

(No. *183* Ward) If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child *Dorothy Hester*

Sex *Female* (1) Twin or Triplet *X* (2) Number in order of birth *X* (3) Are Parents Married *Yes* (7) DATE OF BIRTH *Jan 2 28*
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER *John Robinson*

Rachel Edie

Cal (11) AGE AT LAST BIRTHDAY *38*
(Year)

PLACE *York Co.*

ATION *Farmer*

MOTHER *Marie B. Watson*

(14) NAME BEFORE MARRIAGE *Marie B. Watson*

(15) PRESENT POSTOFFICE OF MOTHER *York Co.*

(16) COLOR OR RACE *Cal* (17) AGE AT LAST BIRTHDAY *36*
(Year)

(18) BIRTHPLACE *York Co.*

(19) OCCUPATION *Farmer*

(21) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *L. J. Smith* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed *8/13* 1923 (28) *J. R. Miller* Local Registrar

When attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Record No. *143* of Local Registrar

Ward) et and number.)

is not yet named, make natal report as directed

Aug 10 73

AGE AT LAST BIRTHDAY *22*
(Year)

22

Hill

22

3

1130

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