

(1) PLACE OF BIRTH

County of Pickens.....

Township of Easley.....

or  
Inc. Town of.....

or  
City of.....

(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

29812

Registration District No. 3702.. Registered No. 61

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child

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

(3) SEX GIRL	(4) Twin or Triplet? twin	(5) Number in order of birth 2	(6) /vs Parents Married? yes	(7) DATE OF BIRTH Sep. 6, 1923 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME  
Homer Hill,

(9) PRESENT POSTOFFICE OF FATHER  
Easley, S.C. #6

(10) COLOR OR RACE  
col.

(11) AGE AT LAST BIRTHDAY  
27  
(Years)

(12) BIRTHPLACE  
S.C.

(13) OCCUPATION  
Farmer

(14) Number of children born to mother, including present birth  
3

MOTHER.

(14) NAME BEFORE MARRIAGE  
Mellie Gowan

(15) PRESENT POSTOFFICE OF MOTHER  
Easley, #6

(16) COLOR OR RACE  
col.

(17) AGE AT LAST BIRTHDAY  
23  
(Years)

(18) BIRTHPLACE  
S.C.

(19) OCCUPATION  
Domestic

(20) Number of children of this mother now living, including present birth  
2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... alive... at 11:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Louisa Blake, Midwife

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Easley, S.C., R. #6

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Sep. 7, 1923. (27) E. F. Wynne, Registrar

If a child breathes even once, it must not be reported as stillborn. No report is required before the birth month of pregnancy.