

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43200

Registration District No. 2806Registered No. 156
(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 Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Minor E. Hinson
 (9) PRESENT POSTOFFICE OF FATHER Heather Spring S.C.R.2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE Lancaster Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lelia May Blackmon
 (15) PRESENT POSTOFFICE OF MOTHER Heather Spring S.C.R.2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... 3:40 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Bishop

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianHeather Spring S.C.R.2

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 23, 1922 (28) E. F. Howard
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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