

(1) PLACE OF BIRTH

County of FlorenceTownship of N.E. Millanor
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

Department of Vital Statistics

State Board of Health

File No. For State Registrar Only

55868

Registration District No. 2011 Registered No. 34
(For use of Local Registrar)(2) Full Name of Child Rebbecca Hewitt

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>4 6 1</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME <u>Willie Hewitt</u>	(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>		
(14) Number of children born to mother, including present birth <u>4</u>		

MOTHER

(16) NAME BEFORE MARRIAGE <u>Bessie Meggs</u>	(18) COLOR OR RACE <u>negro</u>	(19) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>	(20) BIRTHPLACE <u>S.C.</u>	
(21) OCCUPATION <u>Dom</u>		
(22) 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 alive, at 10 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Della Rapson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Florence R.F.D.

Given name added from a supplemental report

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

(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 born then given birth to was reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.