

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beech Grove

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5743

Inc. Town of Registration District No. 4000B Registered No. 9
(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 Fred Hill Jr. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 30, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Fred Hill(14) NAME BEFORE MARRIAGE Mary Loan(9) PRESENT POSTOFFICE OF FATHER Duncan St(15) PRESENT POSTOFFICE OF MOTHER Duncan St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Spartanburg Co(18) BIRTHPLACE Spartanburg Co.(13) OCCUPATION mill work(19) OCCUPATION House wife(20) Number of children born to Mother, including present birth (One) 1(21) Number of children of this mother now living, including present birth (One) 1

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) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Duncan St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only)

(If question 23 is signed by mark)

(27) Filed July 1, 1922 (28) [Signature] 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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If no desired or stillbirths