

(1) PLACE OF BIRTH

County of UnionTownship of BogansvilleInc. Town of
or
City of Buffalo Sc
(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

47583

Registration District No. 4213Registered No. 5

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Infant Dead

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are <u>up</u> Parents Married?	(7) DATE OF BIRTH <u>Jan 30 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Dan Hille(9) PRESENT POSTOFFICE OF FATHER Buffalo Sc(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Orangeburg Co Sc(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Larson(15) PRESENT POSTOFFICE OF MOTHER Buffalo Sc(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Buffalo Sc(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. J. Talley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo Sc

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 30 1916 (28) J. L. Woodward 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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

M. Caw. of Columbia