

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of York

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

4639

Registration District No. 2600Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

Arthur Jane Hill

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 29, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Hill

(9) PRESENT POSTOFFICE OF FATHER

Ridgeland, S.C.(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Grace Hill

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeland, S.C.(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House work

(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 or stillborn at 2:10 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Julia Scott

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

7/18/22

(28) 19

22

(29) 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.