

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.  
S.C. Gov. of Columbia.

(1) PLACE OF BIRTH

County of Union  
 or  
 Inc. Town of .....  
 or  
 City of Union  
 (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  
**2652**

Registration District No. 42 Registered No. 15  
 (For use of Local Registrar)  
 (No. 17 Lawsan Ave. St. 4 Ward)

(2) Full Name of Child Edelyn J. Hill If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 25 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Wm. F. Hill</u>			(14) NAME BEFORE MARRIAGE <u>Louise D. Hicks</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union, S.C.</u>	
(10) COLOR OF RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)	
(12) BIRTHPLACE <u>Athens Ga</u>			(18) BIRTHPLACE <u>Union S.C.</u>	
(13) OCCUPATION <u> cotton mill work</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Union, S.C. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)  
 (23) (Signature) D. F. Jackson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report  
 No. 191  
 Registrar

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)  
D. F. Farratt  
 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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