

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No.

No. For State Registrar Only

32135

Registered No. 157  
(For use of Local Registrar)

## (2) Full Name of Child Roy Hines

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

(3) SEX OR CHILD

Boy

(4) Type or Triple

To be answered only in event of Twin or Triplets

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Nov 4 1931

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Roy Hines Sr.

(9) PRESENT RESIDENCE OF FATHER

Paris Island S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30 (Years) 5

(12) BIRTHPLACE

Wisconsin

(13) OCCUPATION

Marine Service, Corporal

## MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Lucas

(15) PRESENT RESIDENCE OF MOTHER

Avinetaw S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Pearl River S.C.

(19) OCCUPATION

Home Maker

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

Three

(21) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Born alive at 2:00 P.M. on the date above stated.

(23)

(Signature)

Frances K. Nottles

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Avinetaw S.C.

Given name added from a supplemental report

(26) Witness

M. C. Hines

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

(27) Filed

Nov 7 1931

(28) J. H. Hines

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once. It must not be reported as stillborn. No report is desired of a stillborn before the fifth month of pregnancy.