

(1) PLACE OF BIRTH

County of Anderson

Township of Crusby Creek

or  
Inc. Town of .....

or

City of ..... (No. .... St.; ..... Ward)  
(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

71247

Registration District No. 302 Registered No. 21  
(For use of Local Registrar)

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

(3) BOY OR GIRL?  (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 27, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Longo Hill

(9) PRESENT POSTOFFICE OF FATHER Piedmont, D.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Anderson, C.O.D.C.

(13) OCCUPATION public work

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Hutsey

(15) PRESENT POSTOFFICE OF MOTHER Piedmont, D.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Anderson, C.O.D.C.

(19) OCCUPATION Nursing

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie E. Edwards

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedmont, D.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Sept 11, 1916 (28) W. J. Watson 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.

MAKE CERTIFICATE WITH UNBORN CHILD IN A SEPARATE BLANK FOR EACH CHILD, AND MARK ON FIRST-BORN, AND IN THE OTHER, NO. 2, ETC., IN QUESTION 5.