

## (1) PLACE OF BIRTH

County of YorkTownship of C. L. Leland

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

No. 21168

Registration District No. 2203 Registered No. 13

(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age <u>Yes</u>	(7) DATE OF BIRTH <u>July 16, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>F. R. Hiller</u>			(14) NAME BEFORE MARRIAGE <u>Annice Josephine Hiller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Madison, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Harmon</u>			(19) OCCUPATION <u>Housewife</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 White at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. C. Stroud

(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 8/10/23 (28) 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.