

(1) PLACE OF BIRTH

County of Orchester

Township of

OF
Inc. Town of St. George S.F.OF
City of

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 1703

File No. - For State Registrar Only

3891Registered No. 19
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vernon McCullough Hizer

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

3. BOY OR GIRL Boy 4. Twin or Triplet - 5. Number in order of birth 2nd 6. Are Parents Married Yes 7. DATE OF BIRTH Jul 12 25
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Oliver Jackson Hizer9. PRESENT POSTOFFICE OF FATHER St. George S.C. 27010. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 27
(Year)12. BIRTHPLACE S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 2

MOTHER

15. NAME BEFORE MARRIAGE Julia Rebecca Hafford16. PRESENT POSTOFFICE OF MOTHER Same17. COLOR OR RACE White 18. AGE AT LAST BIRTHDAY 22
(Year)19. BIRTHPLACE S.C.20. OCCUPATION Domestic21. 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 born at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour) (M.) (P.M.)(23) (Signature) A. S. Hizer (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 19 (27) 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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