

U. S. Dept. of Commerce  
Bureau of the Census

22 049342

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Richland

STATE OF SOUTH CAROLINA

01211

Township of.....

Bureau of Vital Statistics

State Board of Health

or

Registration District No. 38-A

Registered No.....

Inc. Town of.....

(For use of Local Registrar)

or  
City of Columbia, SC

(No. 519 Grem St St.; ..... Ward)

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

2. FULL NAME OF CHILD

Mary Margaret Hill

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

3. Boy or Girl Girl | 4. Twins, triplets or other..... | 5. Number, in order of birth..... | 6. Premature..... | 7. Are Parents yes Married? yes | 8. Date of birth Nov. 29 1922  
(Month, day, year)

9. Full name  
FATHER  
David F. Hill

18. Name before marriage  
MOTHER  
Corrie Hooper

10. Residence (mailing address)  
(If non-resident, give place and State) Columbia, SC

19. Residence (mailing address)  
(If non-resident, give place and State) Columbia, SC

11. Color or race W | 12. Age at child's birth 22 (years)

20. Color or race W | 21. Age at child's birth 16 (years)

13. Birthplace (city or place) N.C.  
(State or country)

22. Birthplace (city or place) N.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employe City Dept.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work 19.....

17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19.....

26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... 1 (b) Born alive but now dead..... 1 (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks | 29. Cause of stillbirth..... | Before labor..... | During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at B. Alive 1:30A the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

(Signed) Mrs Corrie Hill, Parent

Given name added from a supplementary report..... (Date of)

or..... Guardian  
Address 2421 Santee Ave., Columbia, SC

Filed Feb. 1, 1944 L. A. Riser, M.D.  
Registrar.

Registrar.

no copies.

50¢ paid

W.

1/27/44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)