

1/27/44 W. 50¢ paid no corres.

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.)

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

1. PLACE OF BIRTH
County of Richland
Township of _____
or
Inc. Town of _____
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	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? yes	8. Date of birth Nov. 29 , 19 22 (Month, day, year)
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9. Full name FATHER <u>David F. Hill</u>	18. Name before marriage MOTHER <u>Corrie Hooper</u>
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, SC</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, SC</u>
11. Color or race W	20. Color or race W
12. Age at child's birth 22 (years)	21. Age at child's birth 16 (years)
13. Birthplace (city or place) (State or country) N.C.	22. Birthplace (city or place) (State or country) N.C.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Employee 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.....	25. Date (month and year) last engaged in this work, 19.....
17. Total time (years) spent in this work.....	26. Total time (years) spent in this work.....
27. Number of children of this mother (At time of birth and including this child) 2 (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 1:30 A the date above stated.

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

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

(Signed) Mrs. Corrie Hill, Parent
or....., Guardian
Address 2421 Santee Ave., Columbia, SC
Filed Feb. 1, 1944 L. A. Riser, M.D.
Registrar.

Registrar.

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FILE No.—For State Registrar Only

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