

## (1) PLACE OF BIRTH

County of LancasterTownship of Little Creek

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35147

Registered No. 183  
(For use of Local Registrar)Registration District No. 2805

(No. ....) SL: ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child .....

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Bill Hood(9) PRESENT POSTOFFICE OF FATHER Lancaster R.F.D.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Lancaster Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

## MOTHER.

(15) NAME BEFORE MARRIAGE Amy Brown(16) PRESENT POSTOFFICE OF MOTHER Lancaster R.F.D.(17) COLOR OR RACE negro(18) AGE AT LAST BIRTHDAY 36  
(Years)(19) BIRTHPLACE Lancaster Co., S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) A. H. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11-10-22

..... 191.....

(28) J. H. H. H.  
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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MADE IN THE UNITED STATES OF AMERICA  
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc. in question 5.  
McCay, of Columbia