

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of 3 mile  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only

37276

Registration District No. 404 Registered No. 98  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Florine Viola Hiers If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 6th 6. Are Parents Married? Yes 7. DATE OF BIRTH 11/17/1922 19 22  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>Emory Carroll Hiers</u>	14. NAME BEFORE MARRIAGE <u>Agnes Peters</u>	15. PRESENT POSTOFFICE OF FATHER <u>Eschhardt S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Eschhardt S.C.</u>
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>31</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>27</u> (Years)
12. BIRTHPLACE <u>Bamberg Co. S.C.</u>	18. BIRTHPLACE <u>Bamberg Co. S.C.</u>	19. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>Housewife</u>
20. Number of children born to mother, including present birth <u>6</u>	21. Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11.9. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Colcland M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Eschhardt S.C.

Given name added from a supplemental report See app. report  
 (26) Witness W. D. Kinard (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov. 28, 1922 (28) W. D. Kinard 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.