

(1) PLACE OF BIRTH

County of Pickens.....Township of Easley.....or
Inc. Town of.....or
City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
29807Registration District No. 2702... Registered No. 60
(For use of Local Registrar)

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

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

(3) SEX OF CHILD <u>MALE</u>	(4) Twin or Triplet <u>twin</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sep 7, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME
Homer Hill(9) PRESENT POSTOFFICE OF FATHER
Easley, S.C.R.#3(10) COLOR OR RACE
col.(11) AGE AT LAST BIRTHDAY
27
(Years)(12) BIRTHPLACE
S.C.(13) OCCUPATION
Farmer(14) Number of children born to mother, including present birth
3

MOTHER.

(14) NAME BEFORE MARRIAGE
Mollie Gowan(15) PRESENT POSTOFFICE OF MOTHER
Easley, #3(16) COLOR OR RACE
col.(17) AGE AT LAST BIRTHDAY
23
(Years)(18) BIRTHPLACE
S.C.(19) OCCUPATION
Domestic(20) Number of children of this mother now living, including present birth
2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was....alive.....at 11 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(22) (Signature) Louisa Blake, Midwife(23) State whether Physician or Midwife
(24) Address of Physician or Midwife
Easley, S.C., #3

(Given name added from a supplemental report)

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) FILED Sep 7, 1923 (27) E. F. WYATT Local Registrar19
Registrar

IF A CHILD OVERLIVES OVER 24 HRS. IT MUST NOT BE REPORTED AS STILLBORN. No report is required before the fifth month of pregnancy.