

NAME OF BIRTH

County of Anderson  
 Township of Cuthbert

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

12809

In Town of ..... Registration District No. 2.2.2 Registered No. 42  
 (For use of Local Registrar)  
 City of South (No. .... 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 Leannus Hill ..... If child is not yet named, make supplemental report as directed

(1) Sex of Child girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22 1923  
 (Name of Month/Day/Year)

FATHER  
 (8) FULL NAME Edgar Hill

(9) PRESENT POSTOFFICE OF FATHER Anderson P.H. 4

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 11

MOTHER  
 (14) NAME BEFORE MARRIAGE Carrie Hill

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. P.H. 4

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Sumter S.C.

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. L. Gentry  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed May 23 1923 (27) J. L. Gentry 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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