

(1) PLACE OF BIRTH

County of Lancaster
 Township of Beauford
 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

43141

Registration District No. 2800Registered No. 88
(For use of Local Registrar)

(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

Hinson

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

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 24, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. M. Hinson(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C. Rt 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Barker(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C. Rt. 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:20 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Sapp M.D. (24) Address of Physician or Midwife Lancaster S.C.

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(26) Jan 3, 23 (27) A. M. Hinson
 Registrar 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.