

(1) PLACE OF BIRTH

County of York
 Township of Bulluck Creek
 or
 Inc. Town of.....
 or
 City of.....

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

No. for this registration
5518

Registration District No. 4409 Registered No. 8
 (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 Marie Gray Hife If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH Feb 28 1923
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (7) FULL NAME Junius Hife
 (8) PRESENT RESIDENCE OF FATHER Galtonia N.C.
 (9) COLOR OR RACE Black (10) AGE AT LAST BIRTHDAY 18 (Year)
 (11) BIRTHPLACE Galtonia N.C.
 (12) OCCUPATION Public works
 (13) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Lillie E. Stevens
 (15) PRESENT RESIDENCE OF MOTHER Bulluck Creek S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE York Co S.C.
 (19) OCCUPATION Cooking
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Julius Sallie Boyd
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Bulluck Creek S.C.

Given name added from a supplemental report

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

(26) Filed Mar 5 1923 (27) W. C. Smith 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.