

## (1) PLACE OF BIRTH

County of Wm. burg  
 Township of Lane  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only  
**30501**

Registration District No. 4305 Registered No. 70  
 (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 Hillie May Kinlaw 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 11 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Hillie Kinlaw  
 (9) PRESENT POSTOFFICE OF FATHER St Stephens S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)  
 (12) BIRTHPLACE Berkely co. S.C.  
 (13) OCCUPATION Labore.  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Cornelia Stearns  
 (15) PRESENT POSTOFFICE OF MOTHER St Stephens S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE Wm. burg co. S.C.  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. A. Hanna

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Haine main St

Given name added from a supplemental report

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

(27) Filed Sept-13 1923 (28) Arthurley Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.