

22 049256

FILE No.—For State Registrar Only

02289

## 1. PLACE OF BIRTH

County of ORANGEBURGTownship of WILLOW GROVEor  
Inc. Town of NORWAY, S.C.

City of.....

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3617Registered No.....  
(For use of Local Registrar)(No.....St.;  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) Ward)2. FULL NAME OF CHILD GEORGIA HILLIARD{ If child is not yet named, make  
supplemental report as directed.3. Boy or Girl  If Plural births  4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? YES 8. Date of birth JULY 2ND 1942  
(Month/day, year)9. Full name George Hilliard  
FATHER18. Name before marriage Fethel Hilliard  
MOTHER10. Residence (mailing address)  
(If non-resident, give place and State) NORWAY19. Residence (mailing address)  
(If non-resident, give place and State) NORWAY11. Color or race Negro 12. Age at child's birth 31 (years)20. Color or race Negro 21. Age at child's birth 29 (years)13. Birthplace (city or place)  
(State or country) NORWAY, S.C.22. Birthplace (city or place)  
(State or country) NORWAY S.C.14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. FARMER23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. HOUSEWIFE15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc.24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.16. Date (month and year last)  
engaged in this work..... 19.....17. Total time (years)  
spent in this work.....25. Date (month and year) last  
engaged in this work..... 19.....26. Total time (years)  
spent in this work.....27. Number of children of this mother  
(At time of birth and including this child) (a) Born alive and now living..... 1 (b) Born alive but now dead..... 1 (c) Stillborn.....

28. If stillborn, months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was BORN ALIVE at 5 a.m. on the date above stated.  
(Born alive or stillborn)(When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.)(Signed) George Hilliard, ParentGiven name added from Feb 24<sup>th</sup> 1942  
a supplementary report.....  
(Date of)or..... Guardian  
Address 22 E. COLLEGE ST. PHILADELPHIA, PENNA.Filed 5-6, 1942

Registrar.

Registrar  
Martin B. Woodward, M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)