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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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of ORANGEBURG
Township of WILLOW GROVE
or
Inc. Town of NORWAY, S.C.
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3617

FILE No.—For State Registrar Only

02289

Registered No. _____
(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 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 FATHER
George HILLIARD

18. Name before marriage MOTHER
FELICIA HILLIARD

10. Residence (mailing address)
(If non-resident, give place and State) NORWAY

19. Residence (mailing address)
(If non-resident, give place and State) NORWAY

11. 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. FARMER

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

15. 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 _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 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, Parent

Given name added from Feb 24th 1942
a supplementary report _____
(Date of)

or _____, Guardian

Address 32 E. COLLEGE ST. PHILA. PENNA.

Filed 5-6, 1942

Registrar.

Registrar.
Martin B. Woodward, M. D.