

1) PLACE OF BIRTH

County of Orangeburg
Township of Egan

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

22088

Registration District No. 3604 Registered No. 62
(For use of Local Registrar)

2) Full Name of Child David Hiff If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 13 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Hiff</u>			(14) NAME BEFORE MARRIAGE <u>William Hiff</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) AGE AT LAST BIRTHDAY <u>35</u>	
(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)			(17) BIRTHPLACE <u>Orangeburg, S.C.</u>	
(12) BIRTHPLACE <u>Orangeburg, S.C.</u>			(18) OCCUPATION <u>Auto. Repair</u>	
(13) OCCUPATION <u>Farmer</u>			(19) Number of children of this mother now living, including present birth <u>7</u>	
(20) Number of children born to mother, including present birth <u>10</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Orangeburg, S.C.
(Born live or stillborn) (Hour A. M. or P. M.) 6 A.M.
on the date above stated.

(23) (Signature) E. S. X. Paulish
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1111 1/2 W. 1st St.

(26) Name added from a supplemental report

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

(27) Filed July 20 1923 (28) J. H. Hooper 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.

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