

(1) PLACE OF BIRTH

County of Abbeville

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Chola Hill

(3) Boy or Girl (4) Twins or Triplets? (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH Sept 3, 1911
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

(8) FULL NAME FATHER Robert Hill(9) PRESENT POSTOFFICE OF FATHER Monmouthville Co(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Laurin A.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE Mother Wattie Simpson(15) PRESENT POSTOFFICE OF MOTHER Monmouthville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Laurin Co(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wattie Simpson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monmouthville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 11, 1911 (28) J. H. Green 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.