

(1) PLACE OF BIRTH

County of Allendale
 Township of Sycamore
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

37044

Registration District No. 4608 Registered No. 54

(For use of Local Registrar)

City of (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 James Hiers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 13, 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hiers(9) PRESENT POSTOFFICE OF FATHER Sycamore(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
 (Years)(12) BIRTHPLACE Barnberg Co(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Anderson(15) PRESENT POSTOFFICE OF MOTHER Sycamore(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29
 (Years)(18) BIRTHPLACE Barnwell Co(19) OCCUPATION Housewife(21) Number of children of this 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 alive at 9 P. M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Grace(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Almer

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 8, 1922 (28) J. C. May
 Registrar 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.