(1) PLACE OF BIRTH —

County of Georgetown

Township of Colleton #6

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4237

Registration District No. 2105 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child Henry James Hill (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 19th 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Iva Hill

(9) PRESENT POSTOFFICE OF FATHER Andrews S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Florence Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Moore

(15) PRESENT POSTOFFICE OF MOTHER Andrews SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Georgetown Co

(19) OCCUPATION Housewife

(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 (Born alive or stillborn) at 12 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. M. Marsh

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Hemingway

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Feb 21 1922 (28) J. L. McCracken 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.