

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Clayton STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of W. Meade State Board of Health

File No. For State Registrar Only

76450

Inc. Town of ..... or  
 or  
 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 Carrie May Hiltner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? g (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 28, 1911  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac Hiltner  
 (9) PRESENT POSTOFFICE OF FATHER Wilson S.C.  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Hammer  
 (20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Single  
 (15) PRESENT POSTOFFICE OF MOTHER Wilson  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION W.M.  
 (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 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lelia C. G. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Oct 11 1911 (28) W. J. D. Short 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.

MARGIN RESERVED FOR BINDING.

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 OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.