

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

45545

Registration District No. 9A

Registered No. 88

(For use of Local Registrar)

(No. 2 Hanger St. St.; Ward)

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

Full Name of Child Annie M. Hilton } If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26, 1916 (Name of Month) (Day) (Year)

## FATHER.

FULL NAME Thomas Q. Hilton

PRESENT POSTOFFICE OF FATHER Charleston S.C.

COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ridgewell S.C.

OCCUPATION Carpenter

Number of children born to mother, including present birth 4 (6)

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Valentine

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Hampton S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 7 (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Green M.D.

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

M.D. 45 Spring St

Given name added from a supplemental report

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Registrar.

(26) Witness

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

(27) Filed 1/28/1916

(28) J. H. Green M.D. Local Registrar.

When there was no attending physician or midwife, then the father, household, 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.