

PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. for State Registrar Only

STATE OF SOUTH CAROLINA.

31583

Bureau of Vital Statistics

State Board of Health

County of Anderson

Township of Brimley Creek

City of

Registration District No. 304 Registered No. 86

(For use of Local Registrar)

or

(No. of Ward)

City of

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

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Flora Edna Hines

(1) MALE (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A Hines
(9) PRESENT POSTOFFICE OF FATHER Greenville SC
R# 7

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 7 (Years)

(12) BIRTHPLACE Pennsylvania N.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1. L.V.O.

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Williams

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC
R# 7

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Pickens Co SC

(19) OCCUPATION house keeper

(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. R. Casarion (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wasley SC R#

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 8 1923 (28) J. R. Watson 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.

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