

## (1) PLACE OF BIRTH

County of SaludaTownship of 3

or Inc. Town of .....

or City of .....

(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

5151

Registration District No. 3502 Registered No. 11  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet Twins (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME James Hill(14) NAME BEFORE MARRIAGE Elvira Mathins(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C. #5-(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C. #5-(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Year)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 5-(21) Number of children of this mother now living, including present birth 1 5-

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:00 a.m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Abbie Nelson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Prosperity S.C. #6

Given name added from a supplemental report

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

(27) Filed Feb 28 1923 (28) J. C. Coleman 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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