

Form No. 1

(1) PLACE OF BIRTH

County of BelTownship of Bishopville

or

Inc. Town of.....

or

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43361

Registration District No. 3000Registered No. 69

(For use of Local Registrar)

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

(2) Full Name of Child John Andrew Hill

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>28</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 17 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Tom Hill

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

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE Darlington Co

(13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Neebett

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

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amelia Price

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness.....

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

(27) Filed Dec 23 1922(28) Thos. J. Loney

Local Registrar.

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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.