

Form No. 1

## (1) PLACE OF BIRTH

County of LancasterTownship of Clemson Hill

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

35195

Registration District No. 286Registered No. 131

(For use of Local Registrar)

(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 Burke Hinson

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 24, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Hoyt J. Hinson

(9) PRESENT POSTOFFICE OF FATHER

Heath Springs, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Blackmon

(15) PRESENT POSTOFFICE OF MOTHER

Heath Springs, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Lancaster Co.

(19) OCCUPATION

Domestic

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

J. A. Rutledge M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Woodward7-1-1939

Registrar

(26) Witness

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

(27) Filed

NTV19 22(28) E. F. Hinson

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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BUREAU OF CENSUS, WASHINGTON, D. C.