

(1) PLACE OF BIRTH

County of HamptonTownship of Kaetheor
Inc. Town ofor
City of Estill S.C.

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

(2) Full Name of Child

Jake YillFile No.—For State Registrar Only
64702

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2400 Registered No. 1

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 5</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Derrick Yill</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Estill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Estill S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(12) BIRTHPLACE <u>Elmore Orangeburg Co</u>			(18) BIRTHPLACE <u>Islandton S.C.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Boarding House</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.(23) (Signature) John H. King (M.D. or M.P.M.)

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

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 6/9 1916(28) H.E. Dickinson 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.

WHEN PLAINLY, WITH UNWARRANTED STATEMENTS IN A PREPARATION FOR RECORD, IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

At City of Columbia.