

(1) PLACE OF BIRTH

County of HamptonTownship of Kaethe

or

Inc. Town of

or

City of Castell S.C.

(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

64702

Registration District No. 2400 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Jake Lill

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>Is the second only in case of twins or triplets</u>	(5) Number in order of birth <u>46</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 5 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>John Derrick Lill</u>		(14) NAME BEFORE MARRIAGE <u>Lizzie Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Castell S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Castell 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 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(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

Given name added from a supplemental report

191

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.

NEAREST REGISTERED THIS FORM. REGISTERED IN A REGISTRATION 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.

WHEN PLAINLY, WITH KIDNEYING ISSUES IN A REGISTRATION 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 Castell, of Columbia.