

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

Model of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of ROCKFORD

Township of

or
Inc. Town ofor
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

34131

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

(2) Full Name of Child

J. H. Hill Jr.

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 10, 1922
 To be answered only in case of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME John H. Hill(9) PRESENT POSTOFFICE OF FATHER St George S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Round S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 1 2

MOTHER

(14) NAME BEFORE MARRIAGE Pora Brownlee(15) PRESENT POSTOFFICE OF MOTHER St George S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Holly Hill S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(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 22 is signed by mark)

(27) Filed (28) 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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