

(1) PLACE OF BIRTH

County of FairfieldTownship of X.X.

Inc. Town of

or

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 1.9.08

File No.—For State Registrar Only

18503Registered No. 31
(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 Melley Hill (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 3, 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Hill(9) PRESENT POSTOFFICE OF FATHER Winnabow, S.(10) COLOR OR RACE col.(11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Fairfield Co S.(13) OCCUPATION Farm laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Ellison(15) PRESENT POSTOFFICE OF MOTHER Winnabow, S.(16) COLOR OR RACE col.(17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4(21) Number of children born to mother, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Winnabow, S.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Ellison(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Winnabow, S.

Given name added from a supplemental report

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

(27) Date Jan 3, 1922(28) Local Registrar (Signature) P. L. P.

*When there was no attending physician or midwife, the father, householder, etc., should make the report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths between the sixth month of pregnancy.