

(1) PLACE OF BIRTH  
County of Colleton  
Township of Bluff

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

File No.—For State Registrar Only  
**52041**

Inc. Town of Bluffton Registration District No. 1811 Registered No. 10  
(For use of Local Registrar)  
City of \_\_\_\_\_ (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. Hillie Walter Hillier } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 17 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hillie Walter Hillier

(9) PRESENT POSTOFFICE OF FATHER Bluffton S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Bluffton S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Hillie Walter Hillier

(15) PRESENT POSTOFFICE OF MOTHER Bluffton S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Bluffton S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) A. J. Hillier

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

Physician

Bluffton S.C.

Given name added from a supplemental report

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

(27) FILE Apr 13 1916 (28) J. P. Moss 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.

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.

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