

FORM NO. 4

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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 2.

McGraw, of Columbia.

(1) PLACE OF BIRTH

County of Charlottesville

Township of

Inc. Town of

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

66134

Registration District No. 40-0 Registered No. 214

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? 1 (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. L. Hildemann(9) PRESENT POSTOFFICE OF FATHER Highway 500(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE LC(13) OCCUPATION Confederate(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Carl Ross(15) PRESENT POSTOFFICE OF MOTHER Highway 500(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE LC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 11:15 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. Hildemann(24) State whether Physician or Midwife (25) Address of Physician or Midwife Highway 500

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed July 1, 1916 (28) Jas. Copes Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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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