

(1) PLACE OF BIRTH

County of FlorenceTownship of CainsInc. Town of ...City of ...

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Hella Hymon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 2001 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 27 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Hymon
 (9) PRESENT POSTOFFICE OF FATHER Drum S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Drum S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Theresa Timmons
 (15) PRESENT POSTOFFICE OF MOTHER Drum S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Florence S.C.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian Hymon(24) State whether Physician or Midwife: midwife (25) Address of Physician or Midwife Drum S.C.

Given name added from a supplemental report

(26) Witness A. L. Cox
(Signature of Witness necessary only when question 28 is signed by mark)(27) Filed Mar 30 1916 (28) E. L. Montgomery
Registrar 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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File No.—For State Registrar Only

52145

Registered No. 29
(For use of Local Registrar)

MAIN IN RESERVING FOUR BINDING.
 WHILE FILLING, WITH CONFIRMING INFO—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.

City of Columbia

McCauley