

(1) PLACE OF BIRTH

County of Greenville

Township of

or

City of Greenville

(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

No. 17737

17737

Registration District No. 2207ARegistered No. 295

(For use of Local Registrar)

(No. 143 Cleveland St.)

(Ward)

(2) Full Name of Child

Mark Hill

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 2, 23

(Year of Month, Day, Year)

(8) FULL NAME

P. C. Hill

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile mill

(14) NAME BEFORE MARRIAGE

Lila M. Hill

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

W

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 23 is signed "mark")

(27) Filed June 15, 1923

(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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