

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of

or City of Anderson, S.C.

(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. 10.—For State Registrar Use

38422

Registration District No. 3A Registered No. 447

(For use of Local Registrar)

(2) Full Name of Child William Hill (If child is not yet named, make supplemental report on birth)

(3) SEX-OF-CHILD <u>X</u> GIRL	(4) Type of Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age of Person Married <u>2 yrs</u>	(7) DATE OF BIRTH <u>Dec. 27, 1925</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert E. Hill</u>			(14) NAME BEFORE MARRIAGE <u>Rachel Hagedorn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)	
(12) BIRTHPLACE <u>Franklin Co. Ga.</u>			(18) BIRTHPLACE <u>Franklin Co. Ga.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children borne by mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Robert E. Hill at 1 P.M. on the date above stated. (Was alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. E. Hill

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

F. B. CRAYTON,

(27) Filed (28) (29) ANDERSON, S.C.

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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