

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Grand Prairie

or Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37

Registration District No. Registered No.

(For use of Local Registrar)

(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 Dorothy Lee Hill If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(2) Type of Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Age of Child <u>14</u>	(5) DATE OF BIRTH <u>Sept. 14, 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(6) FULL NAME <u>Andrew J. Hill</u>	(10) NAME BEFORE MARRIAGE <u>John Mac Tate</u>	(12) PRESENT RESIDENCE OF FATHER <u>Grand Prairie</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Grand Prairie</u>
(14) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>A.C.</u>	(14) OCCUPATION <u>Farmer</u>	(12) BIRTHPLACE <u>A.C.</u>	(14) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Edna Lee Counts

(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 by mark)

(27) Filed Sept. 1, 1923 (28) Edna Lee Counts 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—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 3.

Bureau of Vital Statistics, Columbia, S. C.