

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. E.—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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Coneah
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
85873

Registration District No. 2213 Registered No. 76
 (For use of Local Registrar)

(2) Full Name of Child Mary Florence Hill If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 29, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Washington Luther Hill
 (9) PRESENT POSTOFFICE OF FATHER R. #1 Taylors S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Columbus Mo.
 (13) OCCUPATION Farmer
 (2e) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Jeffers Henry
 (15) PRESENT POSTOFFICE OF MOTHER R. #1 Taylors S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Coneah S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7-26 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David B. Jackson M.D.
 (24) State whether Physician or Midwife Practicing Physician (25) Address of Physician or Midwife R. #3 Greer S.C.

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 Nov 30 1916 (28) Albert Williams
 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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