

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston

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

(2) Full Name of Child. Aliee Julia Hilson

File No. — For State Registrar Only

58941

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4ARegistered No. 505

(For use of Local Registrar)

(No. 119. St. Philip St.

St.; 8th Ward)(3) SEX OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF
BIRTH April 27 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Mr Chas. Hilson(9) PRESENT
POSTOFFICE
OF FATHER Charleston(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 28
(Years)(12) BIRTHPLACE
Charleston, S. C.(13) OCCUPATION
Salesman.(14) Number of children born to
mother, including present birth Five.

MOTHER.

(14) NAME BEFORE
MARRIAGE Lina C. McCants(15) PRESENT
POSTOFFICE
OF MOTHER Charleston.(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 25
(Years)(18) BIRTHPLACE
Charleston, S. C.(19) OCCUPATION
Home-maker.(21) Number of children of this mother
now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 12 Ch. M.
on the date above stated. (Born alive) (Hour A. M. or P. M.)(23) (Signature) Mrs. W. Frazer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

1906

(28)

J. Mercer RegistrarWhen 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.