

(1) PLACE OF BIRTH

County of Anderson.....Township of Interwille.....

Inc. Town of.....

City of.....

(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. 2791Registration District No. 3.03.. Registered No. 14.....
(For use of Local Registrar)(2) Full Name of Child Samuel Hill..... If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Birth <u>Normal</u>	(3) Number in order of birth <u>1</u>	(4) Age of Mother <u>yes</u>	(5) DATE OF BIRTH <u>Jan. 4, 1925</u>
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FATHER.

(6) FULL NAME Cleveland Green(7) PRESENT ADDRESS OF FATHER Anderson, S.C. R.F.D. #1(8) COLOR OF FATHER W (9) AGE AT LAST BIRTH 25(10) BIRTHPLACE Anderson Co. S.C.(11) OCCUPATION Farm labor(12) Number of children born to mother, including present one 1 IV

MOTHER.

(13) FULL NAME Martha Wilson(14) PRESENT ADDRESS OF MOTHER Anderson, S.C. R.F.D. #1(15) COLOR OF MOTHER W (16) AGE AT LAST BIRTH 23(17) BIRTHPLACE Anderson Co.(18) OCCUPATION House & farm work(19) Number of children of the mother 1 IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive.....
on the date above stated. (How A. M. or P. M.)(21) (Signature) Dr. J. P. Smith(22) State where Physician or Midwife Physician(23) Address of Physician or Midwife Anderson, S.C.

Give name added from a supplemental report

(24) When (Signature of Witness necessary only when question is to be signed by mother)

(25) Filed 1925 (26) J. B. Carpenter

When there is no attending physician or midwife, then the father, mother, or other person, if a child is born alive, it must not be reported as stillborn. No report is desired of children before the sixth month of pregnancy.

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WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
No. 2.—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 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.