

## (1) PLACE OF BIRTH

County of Jasper  
 Township of St. Albans  
 or  
 Inc. 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

1653

Registration District No. 9601 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 Charles Hilton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Yes (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 9, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hubert Hilton  
 (9) PRESENT POSTOFFICE OF FATHER Coasawhatchie SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION un mill Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Linda Hilton  
 (15) PRESENT POSTOFFICE OF MOTHER Coasawhatchie SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
 (Years)  
 (18) BIRTHPLACE  
 (19) OCCUPATION House wife  
 (20) Number of children born to mother, including present birth 3  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was A. M. at 20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hagood  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Coasawhatchie

Given name added from a supplemental report

(26) Witness R. J. W. Roberts  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 13, 22 (28) R. J. W. Roberts 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.