

(1) PLACE OF BIRTH

County of LancasterTownship of Lancasteror
Inc. Town of LancasterCity of Lancaster

(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

2899

Registration District No. V.1.79 Registered No. 7
(For use of Local Registrar)(2) Full Name of Child JAMES ELDON HINSON

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1st (6) Are Parents Married? Y (7) DATE OF BIRTH 2. 19th 1922
(To be answered only in case of Twins or Triplets)

FATHER.

(8) FULL NAME James B. Hinson(9) PRESENT POSTOFFICE OF FATHER Beth S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION Private man(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Della Talbott(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Edgefield S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 9:20 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. B. Hinson

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

Physician Lancaster S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 15, 1922 (28) E. W. Spradley 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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