

County of Sangerburg
Township of Holly Hill
or
Inc. Town of Holly Hill
or
City of Holly Hill

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

31671

Registration District No. 3609 Registered No. 125
(For use of Local Registrar)

City of (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 William Jones ----- [If child is not yet named, make supplemental report as directed]

(1) BOY OR GIRL <i>Boy</i>	(2) Twin or Triplet? <i>No</i>	(3) Number in order of birth <i>1</i>	(4) Are Parents Married? <i>Yes</i>	(5) DATE OF BIRTH <i>Sept. 16, 1922</i> (Name of Month) (Day) (Year)
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FATHER.

PRESENT POSTOFFICE OF FATHER: *Holly Hill, S.C.*

(10) COLOR OR HAIR Brown (11) AGE AT LAST BIRTHDAY 23
(Year)

12) BIRTHPLACE *D.C.*

13) OCCUPATION *Domestic Hand*

20) Number of children born to _____ 2

(14) NAME BEFORE MARRIAGE *Lucille Brown* MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER *Helena Hill, S.C.*

(16) COLOR OR Green (17) AGE AT LAST BIRTHDAY 21

RACE *Latino*
(10) BIRTHPLACE *LC*

(19) OCCUPATION *S. C.*

Sam. Hall.

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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(22) I hereby certify that I attended the birth of this child, who was born alive at 3A M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. A. [illegible]
(24) State where Physician or Midwife Michigan
(25) Address of Physician or Midwife 1011 E. [illegible]

W. L. Lussman

Given name added from a supplemental report.

***** 19 *****
***** Registrar *****

(20) Witness M. Gussman
(Signature of Witness necessary only)

when question 33 is signed by mark
 Sept 27 22 H. M. McCreary
 (285) Local Registrar

midwife, then the father, householder, etc., should make this return.

*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.