

(1) PLACE OF BIRTH

County of Spokane
 Township of Sanity
 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

2523

Registration District No. 4006 Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child William Hill

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

15

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

11 11 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Hill

(9) PRESENT POSTOFFICE OF FATHER

Paoli

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

50
(Year)

(12) BIRTHPLACE

Id

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ola Hester

(15) PRESENT POSTOFFICE OF MOTHER

PaoliId

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

42
(Year)

(18) BIRTHPLACE

Id

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

15

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Louise G. Caldwell

(24) State whether Physician or Midwife

Midwife

(25) Signature of Physician or Midwife

Paul H. G.

Given name added from a supplemental report

(26) Witness

E. G. Coleman

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

(27) Filed

1-18-1927

(28)

M. H. Brown

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.