

## (1) PLACE OF BIRTH

County of YorkTownship of Bethesda

or

Inc. Town of

or

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

File No.—For State Registrar Only

47722

Registration District No. 4401Registered No. 130

(For use of Local Registrar)

## (2) Full Name of Child

not named

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no(7) DATE OF BIRTH Jan 9, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Charlie Hinton

(9) PRESENT POSTOFFICE OF FATHER

Guthrieville S.C.(10) COLOR OR RACE wh

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

York Co.

(13) OCCUPATION

laborer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Stuart

(15) PRESENT POSTOFFICE OF MOTHER

Guthrieville S.C.(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

York Co.

(19) OCCUPATION

housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose White

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

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 11, 1916S. H. Love

(28)

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.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—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 5.  
McCauley of Columbia.