

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Wickenburg

Township of .....

Inc. Town of Hammond

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26857

Registration District No. .... 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 Robert Hill

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 24 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Tom Hill  
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga 44  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Year)  
 (12) BIRTHPLACE Landon County  
 (13) OCCUPATION Farmer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Matie Rose  
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga 44  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36 (Year)  
 (18) BIRTHPLACE Wilson County  
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 14 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie Rose (24) State whether Physician or Midwife (25) Address of Physician or Midwife Augusta Ga

Given name added from a supplemental report

(26) Witness Erica Ricketts (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 24 1923 (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.