

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or  
Inc. Town of .....or  
City of Liberty

(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

Registration District No. 3705

File No.—For State Registrar Only

19846Registered No. 81

(For use of Local Registrar)

## (2) Full Name of Child

John Wesley Hughes

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 event of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH 6 14 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

L. L. Hughes

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Liberty & C

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

Anderson Co S

(13) OCCUPATION

rat mill op.

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

7 7/8

MOTHER.

(14) NAME BEFORE MARRIAGE

Pellie Bassaway

(15) PRESENT POSTOFFICE OF MOTHER

Liberty & C

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35  
(Years)

(18) BIRTHPLACE

Anderson Co S

(19) OCCUPATION

House wife

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

3 1/2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was...  
on the date above stated.at 2:40 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Wm Aug 1922

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 8 1922

(28)

John T. Boyce

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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