

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

File No.—For State Registrar

42089

County of James
 Township of Wadsworth
 Inc. Town of Wadsworth
 City of Wadsworth

Registration District No. 3505 Registered No. 175
 (For use of Local Registrar)

(1) Full Name of Child Harold Arthur Hudson
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 13, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Hudson H. Hudson
 (9) PRESENT POSTOFFICE OF FATHER Wadsworth
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Rural Mail Carrier
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Valera Hail
 (15) PRESENT POSTOFFICE OF MOTHER Wadsworth
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Wife
 (20) 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 8:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) V. M. Strickland, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wadsworth

Given name added from a supplemental report

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

(27) James H. ... (28) John H. ... 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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