

(1) PLACE OF BIRTH

County of SumterTownship of Proctoror
Inc. Town ofor
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

74900

Registration District No. 4104 Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Thomas Edward Hudson { If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 21, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edward Burchel Hudson(9) PRESENT POSTOFFICE OF FATHER Lindal(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 73 (Years)(12) BIRTHPLACE Sumter County(13) OCCUPATION Farmers(20) Number of children born to mother, including present birth { Two }

MOTHER.

(14) NAME BEFORE MARRIAGE ma Bell Hudson(15) PRESENT POSTOFFICE OF MOTHER Lindal(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 8 (Years)(18) BIRTHPLACE Sumter County(19) OCCUPATION Sub House wks etc(21) Number of children of this mother now living, including present birth { Two }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary J. O'Steen

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

midwife Lindal(26) Witness Thomas Brogdon
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 26, 1916 (28) James J. Brogdon Local Registrar

Given name added from a supplemental report

....., 191....

..... 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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.