

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor Inc. Town of LaurensCity of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15558

Registration District No. 29^a Registered No. 36

(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles C. Hughes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 2 1922</u>
To be marked only in case of Twin or Triplet				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Columbus Hughes(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Leubert(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 3 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 7/8 1922 (28) C. Kennedy 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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