

(1) PLACE OF BIRTH

County of Anderson
 Township of Bonny Creek
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

File No. - For this Report No. 30988

Registration District No. 202 Registered No. 83
 (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 Ellen Blanche Hudson If child is not yet named, make supplemental report as directed

(3) SEX (4) Top or Vaginal (5) Number in order of birth (6) Is born living yes (7) DATE OF BIRTH Oct 25 1923
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) <u>NAME</u> <u>Louie Ballenger Hudson</u>	(14) <u>NAME BEFORE MARRIAGE</u> <u>Lois Hight</u>	(10) <u>PRESENT RESIDENCE OF FATHER</u> <u>Easley, S.C.</u>	(16) <u>PRESENT RESIDENCE OF MOTHER</u> <u>Easley, S.C.</u>
(10) <u>COLOR</u> <u>White</u> (11) <u>AGE AT LAST BIRTHDAY</u> <u>26</u> (Year)	(12) <u>COLOR</u> <u>White</u> (13) <u>AGE AT LAST BIRTHDAY</u> <u>22</u> (Year)	(12) <u>BIRTHPLACE</u> <u>Pickens Co. S.C.</u>	(12) <u>BIRTHPLACE</u> <u>Pickens Co., S.C.</u>
(12) <u>OCCUPATION</u> <u>Farmer</u>	(12) <u>OCCUPATION</u> <u>Housewife</u>	(14) <u>Number of children born to mother, including present birth</u> <u>3</u>	(14) <u>Number of children of this mother now living, including present birth</u> <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Born alive at P. M.
 on the date above stated. (Born alive or stillborn) (Hour - min. or P. M.)

(29) (Signature) W. P. Pepper
 (30) State whether Physician or Midwife (31) Address of Physician or Midwife
Physician R-5, Easley, S.C.

Given name added from a supplemental report
 (32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
 (33) Filed Oct 25 1923 (34) J. P. Walcott 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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