

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 6

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Spartanburg
or
Inc. Town of Whitney
or
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

20254

Registration District No. 4008

Registered No. 180
(For use of Local Registrar)

(2) Full Name of Child Essie Jean Hughes

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

| | | | | |
|--|---|---|--|--|
| 3) BOY OR GIRL <u>girl</u> | 4) Twin or Triplet? To be answered only in case of Twins or Triplets | 5) Number in order of birth | 6) Are Parents Married? <u>yes</u> | 7) DATE OF BIRTH <u>May 23 1922</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| 8) FULL NAME <u>Norbert Hughes</u> | | | 14) NAME BEFORE MARRIAGE <u>Violet Waddell</u> | |
| 9) PRESENT POSTOFFICE OF FATHER <u>Whitney S.C.</u> | | | 15) PRESENT POSTOFFICE OF MOTHER <u>Whitney</u> | |
| 10) COLOR OR RACE <u>white</u> | 11) AGE AT LAST BIRTHDAY <u>26</u> (Years) | 16) COLOR OR RACE <u>white</u> | 17) AGE AT LAST BIRTHDAY <u>23</u> (Years) | |
| 12) BIRTHPLACE <u>S.C.</u> | | 18) BIRTHPLACE <u>S.C.</u> | | |
| 13) OCCUPATION <u>Cottonseed Operator</u> | | 19) OCCUPATION <u>Housewife</u> | | |
| 20) Number of children born to mother, including present birth <u>3</u> | | 21) Number of children of this mother now living, including present birth <u>3</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 7:4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Phys Physician or Midwife

(25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report

4/16/52
RL 19 Registrar

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

(27) Filed 7-1-1922 (28) E. J. Partee 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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