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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on back of Certificate)

1. PLACE OF BIRTH

County of Pickens
Township of Pickens
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3704

FILE No.—For State Registrar Only

0356

Registered No. _____
(For use of Local Registrar)

St.; _____ Ward

2. FULL NAME OF CHILD

Dorothy Mae 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. Boy or Girl

Girl

If Plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term yes

7. Are Parents

Married yes

8. Date of birth

June 1, 1937
(Month, day, year)

9. Full name

FATHER

Jennings Doner Hudson

18. Full maiden name

MOTHER

Mary Messingale10. Residence (usual place of abode)
(If non-resident, give place and State)Pickens, S. C. #219. Residence (usual place of abode)
(If non-resident, give place and State)Pickens, S. C. #2

11. Color or race

White

12. Age at last birthday

22 (Years)

20. Color or race

White21. Age at last birthday 19 (Years)18. Birthplace (city or place)
(State or country)South Carolina22. Birthplace (city or place)
(State or country)South Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of birth and including this child)

1 (a) Born alive and now living

0 (b) Born alive but now dead

0 (c) Stillborn

28. If stillborn,
period of gestation} months
} weeks

29. Cause of stillbirth

} Before labor
} During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) J. H. Cantelino, M.D.

or _____, Midwife

Given name added from
a supplemental report

(Date of)

Address Esley, S. C.Filed JUN 9 1937 Martin B. Woodward, M. D.
Registrar. Registrar.