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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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Pickens</u>		STATE OF SOUTH CAROLINA		0356	
Township of <u>Pickens</u>		Bureau of Vital Statistics			
or		State Board of Health		3704	
Inc. Town of _____		Registration District No. _____		Registered No. _____	
or				(For use of Local Registrar)	
City of _____		(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 <u>Dorothy Mae Hudson</u>		(If child is not yet named, make supplemental report as directed.)			
3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet, or other _____	5. Premature <u>yes</u>	6. Are Parents Married <u>yes</u>	7. Date of birth <u>June 1</u> , 19 <u>32</u>
		5. Number, in order of birth _____	Full term _____	Married _____	(Month, day, year)
9. Full name <u>Jennings Doree Hudson</u>			18. Full maiden name <u>Mary Messingale</u>		
10. Residence (usual place of abode) <u>Pickens, S. C. #2</u>			19. Residence (usual place of abode) <u>Pickens, S. C. #2</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>White</u>	12. Age at last birthday <u>3.2</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>1.9</u> (Years)		
18. Birthplace (city or place) <u>South Carolina</u>		22. Birthplace (city or place) <u>South Carolina</u>			
(State or country)		(State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Silk mill</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
16. Date (month and year) last engaged in this work <u>March 14, 1937</u>		17. Total time (years) spent in this work <u>Life</u>		25. Date (month and year) last engaged in this work <u>March 14, 1937</u>	
27. Number of children of this mother (At time of birth and including this child) <u>1</u>		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
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 <u>born alive</u> at <u>2 A. M.</u> on the date above stated.					
(Born alive or stillborn)					
(Signed) <u>J. H. Cantelino</u> , M.D.					
or _____, Midwife					
Given name added from _____ Address <u>Esley, S. C.</u>					
a supplemental report _____ (Date of) _____					
JUN 9 1937 Filed _____ Martin B. Woodward, M.D., Registrar.					