

(1) PLACE OF BIRTH

County of ColletonTownship of Marion

or

Inc. Town of

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

41892

Registration District No. 1410Registered No. 105
(For use of Local Registrar)(2) Full Name of Child Lorush Hughes

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

3) BOY OR GIRL? <u>boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>3</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>12-1-22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME <u>Lewis Hughes</u>	11) AGE AT LAST BIRTHDAY <u>22</u> (Years)
9) PRESENT POSTOFFICE OF FATHER <u>Smacks S B</u>	
10) COLOR OR RACE <u>Black</u>	12) BIRTHPLACE <u>S B</u>
13) OCCUPATION <u>Farming</u>	
20) Number of children born to mother, including present birth <u>3</u>	

MOTHER.

14) NAME BEFORE MARRIAGE <u>Carey Bittle</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
15) PRESENT POSTOFFICE OF MOTHER <u>Smacks S B</u>	
16) COLOR OR RACE <u>Black</u>	18) BIRTHPLACE <u>S B</u>
19) OCCUPATION <u>Housewife</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... alive... at 2 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Melched Jakes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Smacks S B

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 5 1922(28) Mattie Kinsey
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.