(1) PLACE OF BIRTH

County of Aiken

Township of Gregg

or

Inc. Town of Graniteville, S.C.

or

City of ..... (No. ..... St.; ..... Ward)

(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

Registration District No. 2-B

File No.—For State Registrar Only: 17327

Registered No. 16 (For use of Local Registrar)

(2) Full Name of Child Margaret Agnes Hughes

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

(3) BOY OR GIRL? F

(4) Twin or Triplet? 1

(5) Number in order of birth 2

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Y

(7) DATE OF BIRTH June 1, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo L Hughes

(9) PRESENT POSTOFFICE OF FATHER Graniteville S C

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Columbia S C

(13) OCCUPATION Musician

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Patterson

(15) PRESENT POSTOFFICE OF MOTHER Graniteville S C

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Aberdeen S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarnenall

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Graniteville S C

Given name added from a supplemental report .....

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed June 10 1922 (28) H. R. Turnbull, Reg. & D.

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.

McCAY OF COLUMBIA, COLUMBIA, S. C.

A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Registrar

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