

## (1) PLACE OF BIRTH

County of part of  
 Township of part of  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

32221

Registration District No. 4001-0Registered No. 83  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child William Eligated Hudson If child is not yet named, make supplemental report as directed

(8) BOY OR GIRL Boy (9) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME James S. Hudson (14) NAME BEFORE MARRIAGE Virginia L. L. L.  
 (9) PRESENT POSTOFFICE OF FATHER 43 (15) PRESENT POSTOFFICE OF MOTHER Camden S.C. 27 03  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17  
 (12) BIRTHPLACE Camden S.C. (18) BIRTHPLACE Camden S.C.  
 (13) OCCUPATION Dr. (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) James S. Hudson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Camden S.C.

Given name added from a supplemental report .....  
 (26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 10-18-22 (28) C. L. Mayberry 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.