

(1) PLACE OF BIRTH

County of UnionTownship of Forsville

Inc. Town of

City of

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

Registration District North

File No. — For State Registrar Only

12298Registered No. 19
(For use of Local Registrar)

(No.) (Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number

(2) Full Name of Child Luis Hughes

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

3. BOY OR GIRL? 1

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

7. DATE OF

BIRTH April 27 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Willie Hughes

9. PRESENT POSTOFFICE OF FATHER

Forsville S.C.

10. COLOR OR RACE

Bk

(11) AGE AT LAST BIRTHDAY

24
(Years)

12. BIRTHPLACE

Union Co. S.C.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Linley

(15) PRESENT POSTOFFICE OF MOTHER

Forsville S.C.

(16) COLOR OR RACE

Bk

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Union Co. S.C.

(19) OCCUPATION

Domestic

(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 alive at 4:00 M., on the date above stated. (born alive or stillborn Hour, A. M. or P. M.)(23) (Signature) W. H. Hughes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 51923

(28)

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.

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