

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacout
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12101

Registration District No. 7006Registered No. 40
(For use of Local Registrar)

(No. 54 Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Margaret Hughes If child is not baptized, make supplemental report as directed

3. BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Sex of child Yes (7) DATE OF BIRTH 4-3-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME C. M. Hughes
 9. PRESENT POSTOFFICE OF FATHER Trouble, S.C.
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Millwork

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Halford
 (15) PRESENT POSTOFFICE OF MOTHER Trouble, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 M., on the date above stated. (Born alive or stillborn: (Hour) (M. or P. M.))

(23) (Signature) W. A. Halford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pacout, S.C.

When name added from a supplemental report

(26) Witness

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

(27) Filed 7-13-23

(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.