Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71911

(1) PLACE OF BIRTH

County of Kershaw

Township of Limestone

or

Inc. Town of ..... Registration District No. 1002 Registered No. 114
(For use of Local Reistrar)

or

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

(2) **Full Name of Child** Judyen May Hughey } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? Girl

(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? Yes

(7) DATE OF BIRTH June 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George B Hughey

(9) PRESENT POSTOFFICE OF FATHER Gaffney S C R 1

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Susan C Hamrick

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S C R 1

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Cleveland Co N C

(19) OCCUPATION House keeping

(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 A Live (Born alive or stillborn) at 7 (Hour A. M. or P. M.) P. M., on the date above stated.

(23) (Signature) Geo. B. Hughey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney S C

Given name added from a supplemental report

....., 191....

.....
Registrar

(26) Witness J. B. Hughey
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 11 191 6 (28) H. P. Pritchard
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.