

(1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of

City of Columbia

(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

File No.—For State Registrar Only

87141

Registration District No. 379

Registered No. 327  
(For use of Local Registrar)

(2) Full Name of Child: Francis Hughes

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

1) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/27 (Name of Month) (Day) (Year) 1916

#### FATHER.

8) FULL NAME Joseph Walton Hughes

9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 43 (Years)

12) BIRTHPLACE South Boston, Va.

13) OCCUPATION Locomotive Engineer

16) Number of children born to mother, including present birth 5

#### MOTHER.

14) NAME BEFORE MARRIAGE Florence Hiller

15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 34 (Years)

18) BIRTHPLACE Columbia S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 5

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 12:35 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. H. Wells

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1400 Hampton

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Nov 26 - 6 (28) M. H. Wells 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.

..... fifth month of pregnancy.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 5.