

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Beaufort  
 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

14445

Registration District No. 1401 Registered No. 38  
 (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.)

(2) Full Name of Child Minnie M. Hudson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH MAY 26, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Fry Hudson  
 (9) PRESENT POSTOFFICE OF FATHER Beaufort  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE Colleton  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Minnie B. Crosby  
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (18) BIRTHPLACE Colleton  
 (19) OCCUPATION Farming  
 (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 at 6:00 M.  
 on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Francis Ash  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Beaufort 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 June 5, 1922 (28) R. J. Ireland  
 Registrar 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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