# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43664

(1) PLACE OF BIRTH.
County of Marion
Township of Powell
or
Inc. Town of /
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3206 Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child Hatty Hughes {If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Girl | | | Yes | Dec 28 1922 |

## FATHER.

(8) FULL NAME Solomon Hughes
(9) PRESENT POSTOFFICE OF FATHER Gresham S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Marion co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Kate Williams
(15) PRESENT POSTOFFICE OF MOTHER Gresham S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Marion co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Hughes
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Gresham S.C.

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 4 1923 (28) J. M. Bostwick
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and write the word FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCALL OF COLUMBIA, COLUMBIA, S. C.