

## (1) PLACE OF BIRTH

County of Anderson  
Township of Honea Path

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2823

Inc. Town of ..... Registration District No. 207 Registered No. 43  
(For use of Local Registrar)  
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 Robert Earl Hughes If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Yes (7) DATE OF BIRTH 2-11-23  
Married? ..... (Name of Month) (Day) (Year)  
To be answered only in case of twins or triplets.

## FATHER.

(8) FULL NAME James Robert Hughes(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Carlin Meele Op(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Salie Belle Bray(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Salie Belle Bray Ga.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:43 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. P. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

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

(27) Filed Feb 28 1923 (28) J. P. Williams 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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more (sub)