

(1) PLACE OF BIRTH

County of Florence
 Township of N.C. Hillman
 Inc. Town of.....
 City of.....

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

No. for State Registrar
13946

Registration District No. 2 P. 11 Registered No. 28
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gracie Hudson

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

(3) SEX girl (4) Type yes (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH Jan. 23, 1923
 To be covered only in case of Twin or Triplets (Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hudson

(9) PRESENT RESIDENCE OF FATHER Effingham SC

(10) COLOR white (11) AGE AT LAST BIRTHDAY 37
 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Haggen

(15) PRESENT RESIDENCE OF MOTHER Effingham

(16) COLOR white (17) AGE AT LAST BIRTHDAY 24
 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive..... at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) B. H. Gregg

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife Effingham SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Feb. 10, 1923 (27) W. H. Worell

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 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.

Specimen of Signature. Columns 2, 3, 4.

K S A F E T Y I L M