

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of S. Charles
 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

43415

Registration District No. 3007Registered No. 69
(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

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

3. BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 15 22
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Hudson(9) PRESENT POSTOFFICE OF FATHER S. Charles(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hudson(15) PRESENT POSTOFFICE OF MOTHER S. Charles(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Celia McEliff
 (24) State whether Physician or Midwife mid (25) Address of Physician or Midwife S. Charles

Given name added from a supplement
 report

(26) Witness

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

(27) Filed Dec 19 22 (28) Paul L. Lundy
 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.