

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of 2  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 3400

File No. — For State Registrar Only  
**21933**

Registered No. 24  
 (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) SEX OR ONLY <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 20, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Olander Hudson</u>			(14) NAME BEFORE MARRIAGE <u>Virgie Rice</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>	
(10) COLOR OR RAKE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(12) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) BIRTHPLACE
(13) BIRTHPLACE <u>S.C.</u>			(18) OCCUPATION <u>Farming</u>	
(19) OCCUPATION <u>Farming</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	
(20) Number of children born to mother, including present birth <u>1</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Cannon(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Newberry S.C. 116

Give name added from a supplement-  
 al report

(26) Witness

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

(27) Filed Aug 8, 1923(28) Local Registrar James H. Puff

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.