

WHITE 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.

(1) PLACE OF BIRTH

County of Spartanburg
Township of

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

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

File No.—For State Registrar Only
50396

Registration District No. 40-A Registered No. 54
(For use of Local Registrar)
St.; Ward
(No. 262 N. Cameron St.; Ward)

(2) Full Name of Child Janet Hudson If child is not yet named, make supplemental report as directed

(3) ~~Boy or~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. H. Hudson
(9) PRESENT POSTOFFICE OF FATHER Spartanburg
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Spartanburg
(13) OCCUPATION Laboren

MOTHER.

(14) NAME BEFORE MARRIAGE Janet Duncan
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Burduwilt
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Jones
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 134 Home Shore

Given name added from a supplemental report

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

(27) Filed Feb. 1, 1916 (28) Gas Copes Local Registrar

*When there was no attending physician or midwife, then the father, house older, 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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