

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 1.

(1) PLACE OF BIRTH

County of Charleston
Township of Baton Rouge
or
Inc. Town of

CERTIFICATE OF BIRTH

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

FILE—IN THIS REGISTER
3354

Registration District No. 11 Registered No. 4
(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 William Hughes If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH Jan 26 1923
(Month) (Day) (Year)
To be answered only in case of Twin or Triplet

FATHER. (8) FULL NAME Columbus Hughes (9) PRESENT RESIDENCE OF FATHER Louisville #2 St. (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE Union Co. (13) OCCUPATION Farming (14) NAME BEFORE MARRIAGE Heller (15) PRESENT RESIDENCE OF MOTHER Louisville #2 St. (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22 (18) BIRTHPLACE Union Co. (19) OCCUPATION Farming (20) Number of children born to mother, including present birth 1 (21) 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 born alive at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah J. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife Louisville #2 St.

Given name added from a supplemental report affd. 8-3-46 (26) Witness affd. 8-3-46 (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Jan 27 1923 (28) J. H. ... 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.