

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacout
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

5288

Registration District No. 4006 Registered No. 26
 (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 John M. Wiley Hughes If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type or Triple No (5) Number in order of birth 3 (6) Age of Mother 28 (7) DATE OF BIRTH 2 17 23
 (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER John M. Wiley Hughes (9) FULL NAME OF MOTHER Maria Hill

(10) PRESENT RESIDENCE OF FATHER Pacout S.C. (11) PRESENT RESIDENCE OF MOTHER Pacout S.C.

(12) COLOR OR RACE Black (13) AGE AT LAST BIRTHDAY 45 (14) COLOR OR RACE Black (15) AGE AT LAST BIRTHDAY 28
 (Year) (Year)

(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.

(18) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, 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 10 P.M. on the date above stated. (Each alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa J. Caldwell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pacout S.C.

Given next added from a supplemental report
L. A. Pinner M.D.
10/30/14 10 Registrar

(26) Witness L. Pinner (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2 24 23 (28) M. H. Brown 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.