

MARGIN RESERVED FOR BINDING.
WRITE 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.
McGaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of York
Township of York
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
58168

Registration District No. 4408 Registered No. 46
(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. White Ethel Hughes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplets (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH 4 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bert Hughes
(9) PRESENT POSTOFFICE OF FATHER York S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Lincoln Co N C
(13) OCCUPATION Painter & millwork
(20) Number of children born to mother, including present birth 1 7

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Query
(15) PRESENT POSTOFFICE OF MOTHER York S C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE Lincoln Co N C
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 10 at 80 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. White
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed April 20 1916 (28) Jess I. Barron 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.