

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. OF Town of .....

City of Anderson

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

2) Full Name of Child Prince HubbardThe State of South Carolina  
38410

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A Registered No. 452

(For use of Local Registrar)

City of Anderson (Not 37. Or. Street) St. Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be entered only in case of twins or triplets

(5) Number in order of birth

(6) Any Previous Marriage?

(7) DATE OF BIRTH Dec 30 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Water Brooks Hubbard(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Sanitary Inspector of County(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Mary Hall(16) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 19 (Years)(19) BIRTHPLACE Anderson S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Anderson S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. E. Hubbard(24) State whether Physician or Midwife (25) Address of Physician or Midwife 601 Marshall Ave Anderson S.C.

(26) Name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mark) F. B. CRAYTON(28) Filed 191 (29) ANDERSON S.C. 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.

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