

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

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
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
20255

Registration District No. 4008 Registered No. 181
(For use of Local Registrar)

(2) Full Name of Child Wm Henry Hudgens

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth R 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 28 19 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME General Hudgens
9) PRESENT POSTOFFICE OF FATHER Spartanburg R 1 S C
10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
12) BIRTHPLACE S. C.
13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Liza Wall
15) PRESENT POSTOFFICE OF MOTHER Spartanburg R 1 S C
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
18) BIRTHPLACE S. C.
19) OCCUPATION Housewife

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 alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitney S. C.

Given name added from a supplemental report

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

(27) Filed 5-1-22 (28) R. J. Parker 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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