

Form No. 1

## (1) PLACE OF BIRTH

County of ColletonTownship of Bullsor  
Inc. Town of .....or  
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 Hudley HudsonFile No.—For State Registrar Only  
**41831**Registration District No. 14.0?1 Registered No. 74  
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hudson(9) PRESENT POSTOFFICE OF FATHER Buff(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Colleton(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie McMillan(15) PRESENT POSTOFFICE OF MOTHER Buff(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Colleton(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 born alive at 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eugene Graham M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Buff

Gives name added from a supplemental report

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

(27) Jan 7 1923 (28) R. N. Ireland Local Registrar

\*When there was no attending physician or midwife, 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 ninth month of pregnancy.