

(1) PLACE OF BIRTH

County of Washington
 Township of Sample Creek
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 1.5.11

File No. -- For State Registrar Only

42045

Registered No. 48
(For use of Local Registrar)

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

(2) Full Name of Child T. Lawrence Hudson {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married no (7) DATE OF BIRTH Mar 21, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Hudson(9) PRESENT POSTOFFICE OF FATHER Hartsville, S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Home - Sumter(13) OCCUPATION Home - Sumter(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Barry(15) PRESENT POSTOFFICE OF MOTHER Washington, R.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(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 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucile Barry(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report

(26) Witness Ed. Loney (Signature of Witness necessary only when question 23 is signed by)(27) File Jan. 1, 1922 (28) Ed. Loney 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.