(1) PLACE OF BIRTH

County of Union

Township of Union
or
Inc. Town of Union
or
City of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
79544

Registration District No. 42-A Registered No. 141
(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 .....
(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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 5 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Perry Hughes

(9) PRESENT POSTOFFICE OF FATHER Union S C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Union S C

(13) OCCUPATION Labor

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Hughes

(15) PRESENT POSTOFFICE OF MOTHER Union S C

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Union Co S C

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Amanda MacDuff

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S C

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Sept 12 1916 (28) J G Garrett
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.

fifth month of pregnancy.

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 write "1" in FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
RECORD OF COLUMBIA, COLUMBIA, S. C.