

(1) PLACE OF BIRTH

County of Laurens  
Township of Jump  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22920

Registration District No. 2904 Registered No. 44  
(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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mark L. Hudson  
(9) PRESENT POSTOFFICE OF FATHER Fountain Inn  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Sumner Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Miss Beatrice Sigard  
(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Sum Co.  
(19) OCCUPATION House wife  
(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodsuff

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) Filed 8/10 19 22 (28) W. H. Harris 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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MECAV OF COLUMBIA, COLUMBIA, S. C.