

Form No. 1

(1) PLACE OF BIRTH

County of Arthur
 Township of Red Bluff
 or
 Inc. Town of McColl
 or
 City of SC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19481

Registration District No. 3305Registered No. 65
(For use of Local Registrar)

City of SC (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 Rachos Gee Hudner 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 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 27 19 48
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Rachos Gee Hudner9. PRESENT POSTOFFICE OF FATHER McColl SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 24 (Year)12. BIRTHPLACE Richmond VA13. OCCUPATION Carpenter, Base Pitcher20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Partha E. Dorsey15. PRESENT POSTOFFICE OF MOTHER McColl SC16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 18 (Year)18. BIRTHPLACE Georgetown SC19. OCCUPATION Domestic21. 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 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. C. Moore(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McColl SC

Given name added from a supplemental report

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

(27) Filed June 27, 1948 (28) J. H. Neathery Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes ever, once, it must not be reported as stillborn. No report is desired of stillbirths before the 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOCAW OF COLUMBIA, COLUMBIA, S. C.