

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

**30838**

Registration District No. 4607

Registered No. 60  
(For use of Local Registrar)

(No. of Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Western Hudson

If child is not yet named, make supplemental report as directed

(3) SEX ☒ Male ☐ Female  
 (4) Type of Birth ☒ In Hospital ☐ At Home  
 (5) Number of Children of Mother ☒ Yes ☐ No  
 (6) Date of Birth ☒ 28 ☐ 29 ☐ 30 ☐ 31

## FATHER

(7) Full Name Western Hudson

(8) Present Residence Allendale, SC

(9) Color of Skin Colored (10) Age at Last Birth 28

(11) Birthplace Allendale County, SC

(12) Occupation Farm Laborer

(13) Number of Children born to mother, including present birth 1

## MOTHER

(14) Name before marriage Mary Elizabeth Satter

(15) Present Residence Allendale, SC

(16) Color of Skin Colored (17) Age at Last Birth 19

(18) Birthplace Allendale County, SC

(19) Occupation Farm Laborer

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.  
 on the date above stated. (How A. M. or P. M.)

(22) (Signature) Maria E. Harper(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Allendale, SC

Given name added from a supplemental report

(25) Witness J. P. Harper  
Signature of Witness necessary only when question 22 is signed by mark(26) Filed 28-23-23 (27) 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.