

Form No. 1.

## (1) PLACE OF BIRTH

County of CharlestonTownship of Cold Hillor  
Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48580

Registration District No. 1202Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child. Carry Eleanor Hubbert

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 13

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Hubbert

(9) PRESENT POSTOFFICE OF FATHER

Patrick St

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

42  
(Years)

(12) BIRTHPLACE

Charleston Sp

(13) OCCUPATION

farmer

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Cattie Lintons

(15) PRESENT POSTOFFICE OF MOTHER

Patrick St

(16) COLOR OR RACE

Colord

(17) AGE AT LAST BIRTHDAY

38  
(Years)

(18) BIRTHPLACE

Charlestonfield Co

(19) OCCUPATION

Housewife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eleanor T. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Charlestonfield St  
Hattie M. Brown

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 25 1914(28) J. A. Davis  
Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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.

MARGIN RESERVED FOR RECORDING.  
SEVEN PLACES, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
McClaw, of Columbia.