

WRITE PLAINLY. WITH FADING 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 1.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Easton

Township of Easton

Inc. Town of Easton

City of Easton

(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

4916

Registration District No. 27-A Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Freeman Hudneth

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 Feb 10 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Hudneth

(9) PRESENT POSTOFFICE OF FATHER Easton

(10) COLOR OR RACE Cotton (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Luma Hamilton

(15) PRESENT POSTOFFICE OF MOTHER Easton

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

(18) BIRTHPLACE SC

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 7 a.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. woman mid

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

(Given name added from a supplemental report)

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

(27) Filed Mar 2 1923 (28) Th. W. Gatt 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.

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.