

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or 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

91890

Registration District No. 4008 Registered No. 746

(For use of Local Registrar)

(2) Full Name of Child Arthur Lawrence Hughes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 2, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Luther Hughes

(9) PRESENT POSTOFFICE OF FATHER C. Clifton S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE C. Clifton S.C.

(13) OCCUPATION Fertile Worker

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Triscull

(15) PRESENT POSTOFFICE OF MOTHER C. Clifton S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE C. Clifton S.C.

(19) OCCUPATION Housewife

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

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Cass

(24) State whether Physician or Midwife } Midwife (25) Address of Physician or Midwife } C. Clifton S.C.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Dec 15 1916 (28) E. H. Parker 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.

fifth month of pregnancy.

McGraw-Hill Book Co. FIRST-BORN, No. 1. THE OFFICIAL, No. 2, etc., in question 5.