

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Green
 OR
 Inc. Town of _____
 OR
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16309

Registration District No. 36/9Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child Maggie Hughes
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Female (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12 22
 (If child is not yet named, make supplemental report as directed)

FATHER

(8) FULL NAME William Hughes
 (9) PRESENT POSTOFFICE OF FATHER Chgo by SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Chgo by SC
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Linda, McNormal
 (15) PRESENT POSTOFFICE OF MOTHER Chgo by SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE Chgo by SC
 (19) OCCUPATION House Wif

(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sella Kennedy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) 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.