

(1) PLACE OF BIRTH

County of Darlington

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39770

Township of

or

Inc. Town of

or

City of

Registration District No. 8-2-0Registered No. 32

(For use of Local Registrar)

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

(2) Full Name of Child. Rainey Hudson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ✓(9) PRESENT POSTOFFICE OF FATHER ✓(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY —
(Years)(12) BIRTHPLACE ✓(13) OCCUPATION ✓(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Alberta Hudson(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C. R.R. 3(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm Laborer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John T. Cooper

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

Physician Darlington, S.C.

When name added from a supplemental report

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

(27) File June 24, 1923 (28) Ed. Farley
Registrar 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.

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