

N. B.—In case of TWINS or TRIPLETS, fill out a separate form for each child.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Hampton*
Township of *Peoples*
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

90292

Registration District No. *7402* Registered No. *280*
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Francis Elizabeth Hughes* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *1* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 15 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Stacy J. Hughes*
(9) PRESENT POSTOFFICE OF FATHER *Hampton*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *33*
(Years)
(12) BIRTHPLACE *N. Carolina*
(13) OCCUPATION *Book Keeper*
(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Cornelia Elizabeth Sanford*
(15) PRESENT POSTOFFICE OF MOTHER *Hampton*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *19*
(Years)
(18) BIRTHPLACE *Hampton Co*
(19) OCCUPATION *House work*
(21) 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 *Alive* at *1:30* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *F. S. Hughes* (24) State whether Physician or Midwife *Father* (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Dec 30 1916* (28) *J. W. Rogers* 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.