

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

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

13642

Registration District No. 3-9-7 Registered No. 3-7

(For use of Local Registrar)

(No.        St.        Ward       )

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

## (2) Full Name of Child

(1) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(to be answered only in event of twins or triplets)

(6) AB

Present

Married?

(7) DATE OF BIRTH

May 24 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William Hughes

(9) PRESENT POSTOFFICE OF FATHER

Beaufort #1 S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lessie Lones

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort #1 S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

When name added from a supplemental report.

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Registrar

(25) Witness

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

(26) Filed

10 1922

(27)

R. P. Robinson

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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