

(1) PLACE OF BIRTH  
County of Granville  
Township of Grinnell  
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  
**22401**

Registration District 22090 Registered No. 230  
(For use of Local Registrar)  
City of Judson Mill Village St.; ..... Ward)  
(2) Full Name of Child Baby Hughes { If child is not yet named, make supplemental report as directed

(3) SEX <u>MALE</u>	(4) Twin or triplet? .....	(5) Number in order of birth ..... <small>To be answered only in event of Twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 10</u> 1912 <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lee Hughes</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Crankin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Green St. City</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Green St City</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY ..... (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg SC</u>			(18) BIRTHPLACE <u>Anderson SC</u>	
(13) OCCUPATION <u>Night Oversee. Jud. Mill</u>			(19) OCCUPATION <u>Dom</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>11</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was May 10 at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report  
....., 191.....

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

(27) Filed May 11 1912 (28) [Signature] 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.

Before the fifth month of pregnancy.