

(1) PLACE OF BIRTH

County of *Union*

Township of *Union*

or
Inc. Town of

or
City of *Union*

(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

79549

Registration District No. *49-A* Registered No. *147*
(For use of Local Registrar)

(2) Full Name of Child. *Louella Hughes*

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

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 25 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Ewin Sharp Hughes*

MOTHER
(14) NAME BEFORE MARRIAGE *Carrie Keisler*

(9) PRESENT POSTOFFICE OF FATHER *#8 Moon St Union S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *#8 Moon St Union S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE *Union S.C.*

(18) BIRTHPLACE *Union S.C.*

(13) OCCUPATION *Manager Pressing Club*

(19) OCCUPATION *Domestic*

(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 *3 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *O. P. Jackson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Union S.C.*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept 29 1916* (28) *J. G. Garratt* 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.

Registrar

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and MARK the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.