

## (1) PLACE OF BIRTH

County of AndersonTownship of PiedmontInc. Town of PiedmontCity of Piedmont

(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

No. — For State Registrar Only

38441

Registration District No. 3 BRegistered No. 97  
(For use of Local Registrar)

## (2) Full Name of Child

Bernard Hubb

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

|  |   |                             |   |   |
|--|---|-----------------------------|---|---|
| 1. DOB<br><u>Male</u>  | 2. Twin or Triplet<br>To be answered only in event of Twin or Triplet | 3. Number in order of birth | 4. Sex<br><u>Male</u>   | 5. DATE OF BIRTH<br><u>Dec. 31, 1923</u><br>(Month of Month) (Day) (Year) |
| FATHER.  |   |                             | MOTHER.   |   |
| 6. FULL NAME<br><u>Duff Hubb</u>   |   |                             | 14. NAME BEFORE MARRIAGE<br><u>Maude Moore</u>  |   |
| 7. PRESENT RESIDENCE OF FATHER<br><u>Piedmont S.C.</u>                     |   |                             | 15. PRESENT RESIDENCE OF MOTHER<br><u>Piedmont S.C.</u>                               |   |
| 10. COLOR OR RACE<br><u>White</u>  |   |                             | 16. COLOR OR RACE<br><u>White</u>   |   |
| 11. AGE AT LAST BIRTHDAY<br><u>28</u><br>(Years)                           |   |                             | 17. AGE AT LAST BIRTHDAY<br><u>26</u><br>(Years)                                      |   |
| 12. BIRTHPLACE<br><u>S.C.</u>  |   |                             | 18. BIRTHPLACE<br><u>S.C.</u>   |   |
| 13. OCCUPATION<br><u>Farmer</u>  |   |                             | 19. OCCUPATION<br><u>Domestic</u>   |   |
| 20. Number of children born to mother, including present birth<br><u>1</u> |   |                             | 21. Number of children of this mother now living, including present birth<br><u>1</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:49 A.M., on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Campbell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

(26) Witnesses

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

(27) Filed Dec. 31, 1923

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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