

(1) PLACE OF BIRTH

County of FairfieldTownship of 14or
Inc. Town of 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

Registration District No. 1913

File - for this register
28230

Registered No. 85
(For use of Local Registrar)(2) Full Name of Child Mary Edna Hudson (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL Girl (2) Type or figure It is impossible to state of Father or Mother (3) Number in order of birth 1 (4) Sex Yes (5) Date of birth Sept 21 1923 (Month) (Day) (Year)

FATHER
(1) FULL NAME Albert Hudson
(2) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 21 (Years)
(5) BIRTHPLACE Charleston Co.
(6) OCCUPATION Mill Operator
(7) Number of children born to mother, including present birth 2

MOTHER
(1) FULL NAME Pearl Ugly
(2) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 20 (Years)
(5) BIRTHPLACE Fairfield Co.
(6) OCCUPATION Housewife
(7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(28) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M. on the date above stated. (Hour M. or P.M.)
(29) (Signature) Saul E. E. E.
(30) State whether Physician or Midwife Physician (31) Address of residence or place of business Summerville, S.C.

Given name added from a supplemental report
(32) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(33) Filed Oct 10 1923 (34) Local Registrar W. H. Haynes

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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