(1) PLACE OF BIRTH

County of Colleton

Township of Ruffin

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
44494

Registration District No. 15 ..... Registered No. 1 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Kirkland Hale Hudson Jr

(3) SEX: M

(4) Twin or Triplet (If so, enter 1 or 2 in case of Twin, or 1, 2 or 3 in case of Triplet)

(5) Number in order of birth

(6) Legitimate

(7) DATE OF BIRTH: Dec 14 1928 (Month) (Day) (Year)

FATHER

(8) Full Name: Kirkland Hale Hudson

(9) Present Residence or Place of Father: Ruffin

(10) Color or Race: White

(11) Age at Last Birthday: 50 (Years)

(12) Birthplace: Near Ruffin SC

(13) Occupation: Farming Turpentine

(14) Number of children born to mother, including present birth: 9

MOTHER

(14) Maiden Name: [illegible] Mazyck

(15) Present Residence or Place of Mother: Ruffin SC

(16) Color or Race: White

(17) Age at Last Birthday: [illegible]

(18) Birthplace: Ruffin SC

(19) Occupation: House Keeping

(20) Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn) (Hour, A. M. or P. M.)

(22) (Signature) Sara Miller Midwife Charleston

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....

Registrar

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

(26) Filed May 9 1929 (27) [illegible]
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the 5th month of pregnancy.

NOTE—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and number as in items 4 and 5.

PENALTY. WILFUL MISSTATEMENT OF ANY FACT REQUIRED HEREIN IS A FELONY. SEE SECTION [illegible] CODE OF LAWS OF SOUTH CAROLINA, 1922.