

(1) PLACE OF BIRTH

County of **Darlington**.....

Township of

or
Inc. Town ofor **Hartsville**
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Mertis Leroy Hudson**

File No.—For State Registrar Only

41048Registration District No. **1573** Registered No. **137**

(For use of Local Registrar)

(3) BOY OR GIRL? **Boy**

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? **Yes**(7) DATE OF BIRTH **Dec. 20/23**
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Arthur Hudson**(9) PRESENT POSTOFFICE OF FATHER **Hartsville, S. C.**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **31**
(Years)(12) BIRTHPLACE **Lamar, S. C.**(13) OCCUPATION **Cotton Mill Operative**(20) Number of children born to mother, including present birth **7**

MOTHER.

(14) NAME BEFORE MARRIAGE **Lela Jordan**(15) PRESENT POSTOFFICE OF MOTHER **Hartsville, S. C.**(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **26**
(Years)(18) BIRTHPLACE **Lamar, S. C.**(19) OCCUPATION **House-wife**(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 **10 A.M.**
on the date above stated. (Born **live or stillborn**) (Hour A.M. or P.M.)(23) (Signature) **Mrs. G. A. Cawley**(24) State whether Physician or Midwife **Midwife**(25) Address of Physician or Midwife **Hartsville, S. C.**

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed **Jan 23** (28) **J. M. Keger**
Registrar 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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