

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebron
 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

43768

Registration District No. 3304 Registered No. 157
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 9 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1911
 (Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Tracy H Hubbard
 (9) PRESENT POSTOFFICE OF FATHER Waco SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
 (Years)
 (12) BIRTHPLACE Marlboro Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Nine

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McGuire
 (15) PRESENT POSTOFFICE OF MOTHER Waco SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (Years)
 (18) BIRTHPLACE Marlboro
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at Nine P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Moody, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waco SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 12 1911(28) W. H. Moody
 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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