

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Johnson

or

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

File No.—For State Registrar Only

32643

Registration District No. 4304 Registered No. 319

(For use of Local Registrar)

(2) Full Name of Child Richard Hughes { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 1 1922
(Name of Month) (Day) (Year)(8) FULL NAME FATHER Edw. Hughes(9) PRESENT POSTOFFICE OF FATHER Hamway, S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth { 2(14) NAME BEFORE MARRIAGE MOTHER Rosa Lewis(15) PRESENT POSTOFFICE OF MOTHER Hamway, S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at Hamway, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blanche Gaus(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamway, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 9/23/22 (28) L. R. Gaus 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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