

FORM NO. 4  
MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCauley, of Columbia.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or Town of Pocahontas  
or City of Pocahontas  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2209 Registered No. 449  
(For use of Local Registrar)  
(No. 136-4th St.; 4th Ward)

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
77298

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 5, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Roland M. Hughes</u>			(14) NAME BEFORE MARRIAGE <u>Pearl Hopkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>136 4th Pocahontas Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>W</u>			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(16) COLOR OR RACE <u>W</u>	
(12) BIRTHPLACE <u>P.C.</u>			(18) BIRTHPLACE <u>Gu</u>	
(13) OCCUPATION <u>Mail work</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. C. B. Hill  
(24) State whether Physician or Midwife physician  
(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report ..... 191.....  
..... 191.....  
..... Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 20 1916 (28) A. H. MacKay 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.  
fifth month of pregnancy.