

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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of *Richmond*  
 Township of *Rich. S. Hills*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 File No.—For State Registrar Only  
**74801**  
 Registration District No. *H-007* Registered No. *100*  
 (For use of Local Registrar)

(2) Full Name of Child *Archie Nellie Rose Hughes* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>7</i> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 19, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME *Charlie Hughes*

(9) PRESENT POSTOFFICE OF FATHER *Moore Rout 1 S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40* (Years)

(12) BIRTHPLACE *Spaulding*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *7*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Jemie McCabe*

(15) PRESENT POSTOFFICE OF MOTHER *Moore Rout 1 S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34* (Years)

(18) BIRTHPLACE *Spaulding Co.*

(19) OCCUPATION *House Keeper*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2 P.M.* on the date above stated. (Born alive or stillborn) (Hour & M. or P.M.)

(23) (Signature) *D. D. Leonard M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ....., 191....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
*[Signature]*

(27) Filed *[Signature]* 191.... (28) *[Signature]* 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.