

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet? 1(5) Number in
order of birth 4(6) Are
Parents
Married? Yes(7) DATE OF BIRTH Aug 6 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME David H. Hushby(9) PRESENT
POSTOFFICE
OF FATHER Waynesville, N.C.(10) COLOR
OR
RACE Caucasian(11) AGE AT LAST
BIRTHDAY 35

(Years)

(12) BIRTHPLACE NC(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth 4

MOTHER.

(14) NAME BEFORE
MARRIAGE Wilhelmina Williams(15) PRESENT
POSTOFFICE
OF MOTHER Waynesville, N.C.(16) COLOR
OR
RACE Caucasian(17) AGE AT LAST
BIRTHDAY 32

(Years)

(18) BIRTHPLACE NC(19) OCCUPATION Wife(20) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Waynesville, N.C. (Hour A. M. or P. M.)
(Born alive or stillborn.)(22) (Signature) W. H. Hushby

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Waynesville, N.C.Given name added from a supplement-
ary reportWaynesville, N.C.
Registrar

(25) Signature

(Signature of Witness necessary only
when question 22 is signed by mother)(26) Filed Aug 11 1906

(27)

(28) W. H. Hushby
Local RegistrarWhen there was no attending physician or midwife, then the father, household, 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
first month of pregnancy.

MAKING PRESERVED 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, THIS CHILD, No. 2, etc., in question 5.

McDow, of Columbia

File No. For State Registrar Only

1113

Registered No. 106
(For use of Local Registrar)

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