

Form No. 1

(1) PLACE OF BIRTH

County of L.L. Co.Township of Jama

or

Inc. Town of BishopvilleCity of Bishopville

(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

43401

Registration District No. 30.05 Registered No. 77
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Henry Hudson

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marile Hudson(9) PRESENT POSTOFFICE OF FATHER Lucknow(10) COLOR OR RACE Teal (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Domestic(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Hudson(15) PRESENT POSTOFFICE OF MOTHER Lucknow(16) COLOR OR RACE Teal (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Grace Boman(24) State whether Physician or Midwife Midwife Bishopville

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Estelle Outlaw
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Dec 28 1922 (28) Estelle Outlaw
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.