

(1) PLACE OF BIRTH

County of BeaufortTownship of BeaufortInc. Town of BeaufortCity of Beaufort

(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

No. 8221 For State Registrar Only

Registration District No. B. 2 Registered No. 20
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married

(7) DATE OF

BIRTH 15-23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMESam Hughes(9) PRESENT
POSTOFFICE
OF FATHERPickens St.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY36
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEEmma Hudson(15) PRESENT
POSTOFFICE
OF MOTHERPickens St.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY30
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Beaufort M.,
 on the date above stated. (Born alive or stillborn: (Hour 1 M. or 9 M.)

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemen-
 tal report

(26) Witness

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

(27) Filed

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(28)

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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