

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
Township of Lawson
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

12350

Registration District No. 4304 Registered No. 13

(For use of Local Registrar)

(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosewood R. Hughes

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

1. BOY OR GIRL Boy 4. Twin or Triplet? No 5. Number in order of birth 1
To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Joseph L. Hughes

9. PRESENT POSTOFFICE OF FATHER Hammyway St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Year)

12. BIRTHPLACE S.C.

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kathie L. Dusenbury

(15) PRESENT POSTOFFICE OF MOTHER Hammyway St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. J. C. Dusenbury (24) Address of Physician or Midwife Hammyway St

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness J. L. Hughes (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed 1/12 (28) L. C. Dusenbury 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

PRINTED BY THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.