

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. 4309 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)

3 SEX OR GIRL? Boy 4) Twin or Triplet? 5) Number in order of birth 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 (Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Farming
20) Number of children born to mother, including present birth 1

MOTHER.
14) NAME BEFORE MARRIAGE Katie L. Dusenbury
15) PRESENT POSTOFFICE OF MOTHER Hammyway St
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
18) BIRTHPLACE S.C.
19) OCCUPATION Domestic
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 Alive at 4 P M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Wm. G. Davis (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hammyway St

Given name added from a supplemental report
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..... 19

(26) Witness J. L. Hughes (Signature of Witness necessary only when question 25 is signed by nurse)
(27) Filed 4/2 1923 (28) L. C. Goad 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.

REPLACE BLANK FOR NAME OF CHILD, AND MARK THE FIRST-BORN. No. 1. THESE OTHERS, No. 2, etc., IN QUESTIONS 4