

(1) PLACE OF BIRTH

County of Beaufort

Township of

Inc. Town of

City of Eastley

(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 HealthNo. 18-1 for this Register
18777Registration District No. 377A Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child

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

1) BOY OR GIRL <u>Girl</u>	2) Twin or Triplet <u>No</u>	3) Number in order of birth <u>1</u>	4) Are Parents Married <u>Yes</u>	5) DATE OF BIRTH <u>June 20, 1923</u> (Month) (Day) (Year)
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FATHER

6) FULL NAME
James B. Hughes7) PRESENT POSTOFFICE OF FATHER
Eastley8) COLOR OR RACE
White 9) AGE AT LAST BIRTHDAY
40
(Year)10) BIRTHPLACE
S.C.11) OCCUPATION
Textile worker12) Number of children born to mother, including present birth
11

MOTHER

13) NAME BEFORE MARRIAGE
Dorcas Alexander14) PRESENT POSTOFFICE OF MOTHER
Eastley15) COLOR OR RACE
White 16) AGE AT LAST BIRTHDAY
39
(Year)17) BIRTHPLACE
S.C.18) OCCUPATION
Housewife19) Number of children of this mother now living, including present birth
11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) J. B. Holt M.D.
(22) State whether Physician or Midwife (23) Address of Physician or Midwife
Eastley

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(25) Signed June 20, 1923 (26) F. F. Wyatt
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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