

Form No 1

## (1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town or  
or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

67741

Registration District No. 1201 Registered No. 57  
(For use of Local Registrar)City of (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 Israel Hudley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 1st 1916</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Amos Hudley(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 8

## MOTHER

(15) NAME BEFORE MARRIAGE Helen Myers(16) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.(17) COLOR OR RACE col (18) AGE AT LAST BIRTHDAY 27  
(Years)(19) BIRTHPLACE Cherokee, S.C.(20) OCCUPATION Iron laborer(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 born alive, at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. S. Sanders(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

(26) Witness Thomas A. H. Jr.  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed July 4 1916 (28) P. B. Ingram  
Registrar 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.

WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. H.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER, No. 2, etc., in question 2.  
S. C. of Columbia