# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16893

(1) PLACE OF BIRTH

County of Sumter

Township of Providence

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 14-8-14 Registered No. 53
(For use of Local Registrar)

(2) Full Name of Child Rosa Hudson

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

| (3) SOX OR GIRL? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Girl | | | Yes | May 6" 27 |

## FATHER

(9) FULL NAME E. D. Hudson

(9) PRESENT POSTOFFICE OF FATHER Tindal S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Three

## MOTHER

(14) NAME BEFORE MARRIAGE Emma Lee Hudson

(15) PRESENT POSTOFFICE OF MOTHER Tindal SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION House Wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs Henrietta Hodge

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mayesville S.C.

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

..... 19 .....
Registrar

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

(27) Filed May 10 19 27 (28) Jas. Thigpen
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.

N. B.—In case of TWINS OR TRIPLETS, use a separate blank for each child, and number them in order of birth.

MAILING REMINDERS FOR BIRTHS
WHITE PLAINLY, WITH UNFADING INK—WRITE IN A PERMANENT RECORD.
PRINT NAME OF CHILD, if one is decided upon at time of filing certificate, and number the pages of COLUMNS, Columns No. 1, 2, etc., in question 6.