

1) PLACE OF BIRTH

County of Washington  
 City of Washington  
 State of D.C.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only —

3884

In Town of ..... Registration District No. 1502 Registered No. 13  
 (For use of Local Registrar)

Was born in a hospital or other institution, give name of same instead of street and number. (No. ....) (Street ....) (Ward) .....

2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(1) Sex <u>Male</u>		(2) Number in order of birth <u>1</u>	(3) Are Parents Married? <u>Yes</u>	(4) DATE OF BIRTH <u>Jan 31, 1922</u> (Month) (Day) (Year)
FATHER		MOTHER		
NAME <u>John</u>		NAME BEFORE MARRIAGE <u>John</u>		
RESIDENCE <u>Hartsville St</u>		PRESENT POSTOFFICE OF MOTHER <u>Hartsville St</u>		
AGE AT LAST BIRTHDAY <u>24</u> (Years)		AGE AT LAST BIRTHDAY <u>23</u> (Years)		
BIRTHPLACE <u>SC</u>		BIRTHPLACE <u>SC</u>		
OCCUPATION <u>Blacksmith</u>		OCCUPATION <u>Housewife</u>		
Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I, Tom Clut, attended the birth of this child, who was born alive at 8:30 P.M. on the date above stated.  
 (Born alive or stillborn) (Time A.M. or P.M.)

(23) (Signature) William L. Hughes  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville St

Date name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
	(27) Filed <u>Feb 10 1922</u> (28) <u>W. M. Cooper</u> 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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