

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Walnut Grove

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40.0

File No. — For State Registrar Only

26345

Registered No. 12
(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 John Turner Hughes

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

(3) **BOY OR GIRL** Boy (4) **Twin or Triplet** No (5) **Number in order of birth** 1st (6) **Are Parents Married** yes (7) **DATE OF BIRTH** April 23, 23
(Name of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** E. W. Hughes

(9) **PRESENT POSTOFFICE OF FATHER** Rockwell

(10) **COLOR OR RACE** white (11) **AGE AT LAST BIRTHDAY** 22
(Year)

(12) **BIRTHPLACE** S.C.

(13) **OCCUPATION** Farmer

(14) **Number of children born to mother, including present birth** One

MOTHER.

(14) **NAME BEFORE MARRIAGE** Jily May Boyter

(15) **PRESENT POSTOFFICE OF MOTHER** Rockwell

(16) **COLOR OR RACE** white (17) **AGE AT LAST BIRTHDAY** 25
(Year)

(18) **BIRTHPLACE** S.C.

(19) **OCCUPATION** Housewife

(20) **Number of children of this mother now living, including present birth** One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A.M.
on the date above stated. (Born alive or stillborn: (Hour M. or P. M.))

(22) (Signature) D. F. Hightson M.D.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Rockwell, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Aug 21 1923. (27) J. W. Hatchett 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.

Bureau of Statistics, Columbia, S. C.