

(1) PLACE OF BIRTH

County of Augusta  
Township of Chalapa  
Inc. Town of Yemassee  
City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**64756**

Registration District No. 1103 Registered No. 35  
(For use of Local Registrar)

(2) Full Name of Child: Chace Eela Hugen (No. \_\_\_\_\_) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1916  
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Edwin Hugen  
(9) PRESENT POSTOFFICE OF FATHER Yemassee  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE D.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Christiana Creech  
(15) PRESENT POSTOFFICE OF MOTHER Yemassee  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE D.C.  
(19) OCCUPATION Farm Labor  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 1.0 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosey Proctor  
(24) State whether Physician or Midwife Midwife (25) Address Sheldon St. P.

Given name added from a supplemental report  
\_\_\_\_\_, 191\_\_\_\_  
Registrar

(26) Witness R. J. Coerton  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed \_\_\_\_\_ 191\_\_\_\_ (28) \_\_\_\_\_  
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.

MAKING RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.