

(1) PLACE OF BIRTH

County of Union
 Township of Union

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

File No. — For State Report —
2649

Inc. Town of Registration District No. 42 Registered No. 12
 or
 City of Union (No. 13 Culture St. 3 Ward) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child, Helene Virginia Hubert Child is so named, make report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29 22
 (Subscribed only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. D. Hubert

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Union Co. S.C.

(13) OCCUPATION Vocational Training

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

MOTHER.

(14) NAME BEFORE MARRIAGE Elmer Vaughan

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Union S.C.

(19) OCCUPATION Housewife

(20) Number of children born to mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) Name of other Physician or Midwife Physician Union S.C. (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed 2-10-22 191.... (28) [Signature] 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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N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child.
 FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.