

(1) PLACE OF BIRTH

County of Asheville
Township of Asheville
or
In Town of

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

Registration District No. 301 Registered No. 385045
(For use of Local Registrar)

City of (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 Richard L. Hughes (If child is not yet named, make supplemental report as directed)

(3) SEX ♂ (4) Twin or Triplet (5) Number in order of birth 1 (6) Age at Birth Yes (7) DATE OF BIRTH Dec 9, 1922
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME William Hughes (9) PRESENT RESIDENCE OF FATHER 1115 E 712 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year) (12) BIRTHPLACE W.C. (13) OCCUPATION Farmer
MOTHER: (14) NAME BEFORE MARRIAGE Miss Bailey (15) PRESENT RESIDENCE OF MOTHER 1201 W 5th (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Year) (18) BIRTHPLACE W.C. (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 10, 1924 (28) W. H. Campbell 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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