

Form No. 1.

## (1) PLACE OF BIRTH

County of FlorenceTownship of Long Bayor  
Inc. Town of .....  
orCity of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72801

Registration District No. 2014 Registered No. 40  
(For use of Local Registrar)(2) Full Name of Child Lucy Jane Hudson { If child is not yet named, make supplemental report as directed

|                              |                                                                               |                              |                                     |                                                                         |
|------------------------------|-------------------------------------------------------------------------------|------------------------------|-------------------------------------|-------------------------------------------------------------------------|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>August 8, 1914</u><br>(Name of Month) (Day) (Year) |
|------------------------------|-------------------------------------------------------------------------------|------------------------------|-------------------------------------|-------------------------------------------------------------------------|

## FATHER.

(8) FULL NAME John Hudson(9) PRESENT POSTOFFICE OF FATHER Bannockburn(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48  
(Years)(12) BIRTHPLACE Sumter, S.C.(13) OCCUPATION Farmer + Minister(20) Number of children born to mother, including present birth { 9 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Broach(15) PRESENT POSTOFFICE OF MOTHER Bannockburn(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE Florence, S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth { 8 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Phillips(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bannockburn

Given name added from a supplemental report

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Registrar

(26) Witness Mrs. J. D. Broach  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25 1914 (28) S. C. Rice 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.

MARGIN 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.