

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IN 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.

(1) PLACE OF BIRTH

County of Pickens  
Township of Liberty  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16388

Registration District No. 3705 Registered No. 57  
(For use of Local Registrar)

(2) Full Name of Child Joel Brady 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 11, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joel Hughes  
(9) PRESENT POSTOFFICE OF FATHER Liberty S.C. R. 3  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Pickens Co S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Delema Ellis  
(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C. R. 3  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Oconee Co S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Sheldon, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty S.C.

Given name added from a supplemental report

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

(27) Filed June 7, 1922 (28) John T. Bogg 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.

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.