

## (1) PLACE OF BIRTH

County of ColletonTownship of Easley

or

Inc. Town of

or

City of Easley

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Herbude HughesFile No.—For State Registrar Only  
**27583**Registration District No. 37-2 Registered No. 122

(For use of Local Registrar)

(No. .... St.; .... Ward)

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)  
Jan 5 1922

(8) FULL NAME

## FATHER.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

## MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

## 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) Edith Wall M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Easley, 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 Sept. 8, 1922 (28) E. H. V. K. 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.