

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. James  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

856

Registration District No. 1309 Registered No. 2  
 (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 Allen E. McHugh

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Frank M. Knight(14) NAME BEFORE MARRIAGE Minnie M. Knight(9) PRESENT POSTOFFICE OF FATHER Davis Station(15) PRESENT POSTOFFICE OF MOTHER Davis Station(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Year)(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Charleston Co(18) BIRTHPLACE Charleston Co(13) OCCUPATION Farmer(19) OCCUPATION Home & Travel(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 4 P M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Cecilia Jones  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File Jan 30 1922 (28) F. E. P. H. S. 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.