

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of

City 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

Registration District No. 24.13

File No.—For State Registrar Only

4879

Registered No. 25-
(For use of Local Registrar)

(2) Full Name of Child

Isabelle Hubbard

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be marked only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Hubbard(9) PRESENT POSTOFFICE OF FATHER Jackson S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Orangeburg Co. S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Blondina Glover(15) PRESENT POSTOFFICE OF MOTHER Jackson S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Orangeburg Co. S.C.(19) OCCUPATION Housewife(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 alive at 5 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Fairley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jackson 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 Feb. 28. 1923. (28) A. L. Fairley Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 INDEXING.

WRITE PLAINLY, WITH INK, USING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.