

B/11 DEATH AND BIRTH

(1) PLACE OF BIRTH

County of JeffersonTownship of Simpson Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 7509

File No.—For State Registrar Only

38395Registered No. 1113

(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 Diverse Hughes

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 11, 1923</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Richardson Hughes

(9) PRESENT POSTOFFICE OF FATHER Alexbrook SC R1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Harvey Co SC

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Tyler

(15) PRESENT POSTOFFICE OF MOTHER Alexbrook SC R1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE Harvey Co SC

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 12:00 on the date above stated. (Born live or stillborn. (Hour M. or P. M.)

(22) (Signature) Hugo Richardson

(23) State whether Physician or Midwife Physician (24) Address of Phys. or Midwife Loris SC

Given name added from a supplemental report

James

March 18, 1924

Registrar

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Sept 16, 1923 (27) James H. Smith Local Registrar

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