

MARGIN RESERVE - ED FOR BINDING.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH (CHILD), AND MARK THE
FIRST BORN NO. 1 THE OTHER NO. 2 ETC. IN QUESTION 3

Form of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lowndes
Township of Truchess
Inc. Town of Truchess
City of Truchess

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

444

Registration District No. 35.22 Registered No. 27
(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 Edith Cornelia Hudson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 17, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Lincoln Hudson</u>			(14) NAME BEFORE MARRIAGE <u>Cora Fleming</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Truchess S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Truchess S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Truchess S.C.</u>			(18) BIRTHPLACE <u>Truchess S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Scarborough
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Truchess S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Signed 2/22 19 23 (28) J. L. McIntosh 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 be reported as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.