

## PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12034

Registration District No. 4 ..... Registered No. 17 .....  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Herbert Lee Hughes ..... If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD Boy (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 24, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) NAME BEFORE MARRIAGE Lennie Hughes

(9) PRESENT POSTOFFICE OF FATHER European St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Will work

(14) Number of children born to mother, including present birth Four (4)

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Rogers

(15) PRESENT POSTOFFICE OF MOTHER European St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Spokane, W.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth Four (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 10.4 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Brown(24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife European St

Given name added from a supplement-  
al report

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

(27) Filed April 10, 1923 (28) S. Brown 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.