

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Florence
 Township of
 or
 Inc. Town of
 or
 City of Timmonsville
 (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

File No. —For State Registrar Only
55887

(2) Full Name of Child Jessie Fleming Hubbard { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 3 1911
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jess. Hubbard
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Tarboro, N.C.
 (13) OCCUPATION Gen. Salesman
 (20) Number of children born to mother, including present birth { Two }

MOTHER.

(14) NAME BEFORE MARRIAGE Ann F. Fleming
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 47 (Years)
 (18) BIRTHPLACE Hanover Co. Va.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth { One }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Jessie Fleming Hubbard
 (24) State whether Physician or Midwife (25) Signature of Physician or Midwife Jessie Fleming Hubbard

Given name added from a supplemental report

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

(27) Filed May 10 1911 (28) W. P. Quinn 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.

Fifth month of pregnancy.