

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19459

Registration District No. 42-4

Registered No. 41

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Thomas Alan Hughes (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Jan 16 1945</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Wallis J. Hughes</u>			14 NAME BEFORE MARRIAGE <u>Scellie Wall</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Hammway St.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Hammway St.</u>	
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>27</u> (Years)	16 COLOR OR RACE <u>White</u>	17 AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12 BIRTHPLACE <u>S.C.</u>			18 BIRTHPLACE <u>S.C.</u>	
13 OCCUPATION <u>Farming</u>			19 OCCUPATION <u>Housewife</u>	
20 Number of children born mother, including present birth <u>8</u>			21 Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/24/45

(28)

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.