

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

(City of *Shantaburg*)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *40-0*

File No.—For State Registrar Only

32109

Registered No. *402*

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child *Margaret Raymond Hughes*

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

3) ~~BOY~~ GIRL? ☒ 4) Twin or Triplet? ☐ 5) Number in order of birth *227* 6) Are Parents Married? *Yes* 7) DATE OF BIRTH *Oct 24 1922* (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME *Maynard B. Hughes*9) PRESENT POSTOFFICE OF FATHER *Shantaburg S.C.*10) COLOR OR RACE *White* 11) AGE AT LAST BIRTHDAY *24* (Years)12) BIRTHPLACE *N.C.*13) OCCUPATION *Shoe salesman*20) Number of children born to mother, including present birth *Two (2)*

## MOTHER.

14) NAME BEFORE MARRIAGE *Mary Irma Scruggs*15) PRESENT POSTOFFICE OF MOTHER *Shantaburg S.C.*16) COLOR OR RACE *White* 17) AGE AT LAST BIRTHDAY *25* (Years)18) BIRTHPLACE *S.C.*19) OCCUPATION *House*21) Number of children of this mother now living, including present birth *Two (2)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at *9 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *W. W. Boyd* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Shantaburg S.C.*

Given name added from a supplemental report

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

(27) Filed *10-1-1922* (28) *Jas. Copes* 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.

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MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 5.

McLAW OF COLUMBIA, COLUMBIA, S. C.