

(1) PLACE OF BIRTH

County of PerdueTownship of Hammockor
Inc. Town ofor
City of

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

File No.—For State Registrar Only
18665Registration District No. 2016Registered No. 11
(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.)

(2) Full Name of Child

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

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Nov 21 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8 FULL NAME <u>James E. Hufschmidt</u>			14 NAME BEFORE MARRIAGE <u>Mary E. Jones</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Kingsburg SC</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Kingsburg SC</u>	
10 COLOR OR RACE <u>White</u>			16 COLOR OR RACE <u>White</u>	
11 AGE AT LAST BIRTHDAY <u>48</u> (Years)			17 AGE AT LAST BIRTHDAY <u>42</u> (Years)	
12 BIRTHPLACE <u>SC</u>			18 BIRTHPLACE <u>SC</u>	
13 OCCUPATION <u>Farming</u>			19 OCCUPATION <u>Housewife</u>	
20 Number of children born to mother, including present birth <u>Thirteen</u>			21 Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN/OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 630 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. Boston(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife
Pamlico St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 22 1922 (28) W. H. Boston
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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TOWNSHIP OF HAMMOCK
CITY OF
STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

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