

Form No. 1

(1) PLACE OF BIRTH

County of Silton
 Township of Manning
 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
34102

Registration District No. 1605 Registered No. 109
 (For use of Local Registrar)

City of (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 Hattie Frances Huedy Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21 1922
 (Name) (Month) (Day) (Year)

FATHER
 (8) FULL NAME Lloyd Huedy
 (9) PRESENT POSTOFFICE OF FATHER Silton S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Public work
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Maggie Birch
 (15) PRESENT POSTOFFICE OF MOTHER Silton S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE Silton S.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Hagen
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 1 Silton 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 Oct 30 1922 (28) B. B. Williams 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.