

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of CornlandOR  
Inc. Town of .....OR  
City of .....

(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

36539

Registration District No. 4100 Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Lily Hugins (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22, 1922  
(Name of month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Hugins(9) PRESENT POSTOFFICE OF FATHER Sumter 26 Road(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Sc(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Leslie Jordan(15) PRESENT POSTOFFICE OF MOTHER Sumter 26 Road(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Sc(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edna Brown (24) Address of Physician or Midwife Sumter 26 Rd

Given name added from a supplemental report

(25) Witness J. D. Kinney (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 22, 1922 (28) (Signature) R. F. Kinney 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.