

(1) PLACE OF BIRTH,

County of York
 Township of York
 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

3910

Registration District No. 1586 Registered No. 9
 (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 Rose Lee Hudson [If child is not yet named, make supplemental report as directed]

(3) BOY OR
 GIRL Girl

(4) Twin
 or Triplet?

(5) Number in
 order of birth 5

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH Jan. 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME Samuel Hudson

(9) PRESENT
 POSTOFFICE
 OF FATHER Alto. #1

(10) COLOR
 OR
 RACE White

(11) AGE AT LAST
 BIRTHDAY 37
 (Years)

(12) BIRTHPLACE York Co.

(13) OCCUPATION Farmer

(20) Number of children born to
 mother, including present birth 1st

MOTHER.

(14) NAME BEFORE
 MARRIAGE Rosa Hudson

(15) PRESENT
 POSTOFFICE
 OF MOTHER Alto. #1

(16) COLOR
 OR
 RACE White

(17) AGE AT LAST
 BIRTHDAY 38
 (Years)

(18) BIRTHPLACE York Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother
 now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Alto. #1 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sam. Hudson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
 tal report

(26) Witness Sam. Hudson

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

(27) Filed Jan 12, 1922

(28) Sam. Hudson

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.