

Form No. 1

(1) PLACE OF BIRTH

County of *Georgetown*

Township of

Inc. Town of

City of

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

(2) Full Name of Child *Laura Hudson*

(3) SEX *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Apr 2 1923*
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Thomas Edward Hudson</i>	(14) NAME BEFORE MARRIAGE <i>Hattie E. Hudson</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Danville, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Danville, S.C.</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>47</i>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>34</i>
(12) BIRTHPLACE <i>Georgetown Co. S.C.</i>	(13) OCCUPATION <i>Farming</i>	(18) BIRTHPLACE <i>Georgetown Co. S.C.</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>Eight</i>	(21) Number of children of this mother now living, including present birth <i>Eight</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 a.m.* on the date above stated. (Hour of day) (M. or P. M.)

(23) (Signature) *J. E. Hudson*
 (24) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report

(25) Witness *J. E. Hudson*
 (Signature of Witness necessary only when question 23 is signed in mark)

(26) Filed *4/16/25* (27) Local Registrar *J. E. Hudson*

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.