

## (1) PLACE OF BIRTH

County of Pickens  
 Township of .....  
 OF  
 Inc. Town of .....  
 OR  
 City of Cashy

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36055

Registration District No. 37-A Registered No. 146  
 (For use of Local Registrar)

(2) Full Name of Child William Hudson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 12 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Allen F. Connor

(9) PRESENT POSTOFFICE OF FATHER Cashy

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Minister of the Gospel

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy J. Rhyme

(15) PRESENT POSTOFFICE OF MOTHER Cashy

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Domestic

(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 alive 4 a M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Bell

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cashy

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) E. H. Wyatt

(27) Filed Nov. 4, 22 (28) E. H. Wyatt 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.

If a child is reported as stillborn, the father, householder, etc., should make this return. If (fifth month of pregnancy. No report is desired of stillbirths before the