

Form No. 2
MARRIAGE RECORDS IN THE MARRIAGE RECORDS
WRITE PLAINLY. WITH UNPAID INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of York
Township of

Inc. Town of
City of Rock Hill
(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
45002

Registration District No. 44 B Registered No. 190
(For use of Local Registrar)

(2) Full Name of Child Margaret Evelyn Hues If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Hues
(9) PRESENT POSTOFFICE OF FATHER Arden Mill Rock Hill
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE N. C.
(13) OCCUPATION Mill work
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Reenie Stegall
(15) PRESENT POSTOFFICE OF MOTHER Arden Mill Rock Hill
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE N. C.
(19) OCCUPATION Dom.
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 4 A. M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) J. C. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191...
Registrar

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

(27) Filed 1/11/1916 (28) J. C. H. H. 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.
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