

(1) PLACE OF BIRTH

County of Mc Connick
 Township of Washington
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

1340

Registration District No.

Registered No.
(Ent use of Local Registrar)

(No.)

(No.)

Ward)

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

(2) Full Name of Child Charles Raymond Hobbs

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Boy

4) Twin or Triplet

5) Number in order of birth

6) Age Parents Married

7) DATE OF BIRTH

MAY 21 1932 No. 2

Some (Month) (Day) (Year)

FATHER.

8) FULL NAME

St. K. Hobbs

9) PRESENT POSTOFFICE OF FATHER

Madison S. C.

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

12) BIRTHPLACE

Edgefield S. C.

13) OCCUPATION

Farmer

14) Number of children born to mother, including present birth

4

(14) NAME BEFORE MARRIAGE

S. K. Hobbs

(15) PRESENT POSTOFFICE OF MOTHER

Madison S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Edgefield S. C.

(19) OCCUPATION

Housewife

20) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Madison S. C. on the date above stated.(22) (Signature) W. A. B. B. B.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Madison S. C.

Give name added from a supplementary report

(25) Witness

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

Mar 9 1932 W. A. B. B. B. Local Registrar

When there was no physician or midwife present, the father, householder, etc., should make this return if a child: mention over child's name as reported as stillborn. No report is desired of stillbirths within the first month of pregnancy.