

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. for State Registrar Only

37173

Registration District No. 3615Registered No. 125
(For use of Local Registrar)

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

(2) Full Name of Child Laura Rachel Hubbard(3) SEX OF CHILD girl (4) Type of Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 29 1923
(Name of Month) (Day) (Year)

FATHER.

(8) NAME C. H. Hubbard(9) PRESENT RESIDENCE OF FATHER Orly. S. C. R. 7 D. 4(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 54
(Year)(12) BIRTHPLACE Marion Co. S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Hook(15) PRESENT RESIDENCE OF MOTHER Orly. S. C. R. 7 D. 4(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Orly. S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive 8 P. M.
on the date above stated. (Born alive or stillborn) (A. M. or P. M.)(22) (Signature) Paul Reed(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Orly. S. C.

Given name added from a supplemental report

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

(26) Filed Nov 5 1923 (27) Local Registrar A. L. Fairley

*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.