

(1) PLACE OF BIRTH

County of Cherokee
Township of Stellarton

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

No. 41715

City of
or
Town of
or

Registration District No. 1207 Registered No. 83
(For use of Local Registrar)

City of (No. St. Ward)

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

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Age Parents Married No (7) DATE OF BIRTH Dec 19 1917
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Seymour
(9) PRESENT POSTOFFICE OF FATHER 1
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to father, including present birth 16

MOTHER.
(15) NAME BEFORE MARRIAGE Lilly Hudley
(16) PRESENT POSTOFFICE OF MOTHER Patrick SC
(17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 21 (Years)
(19) BIRTHPLACE SC
(20) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Charlotte Bruchman
(24) (State whether Physician or Midwife) Midwife (25) Address of Physician or Midwife Patrick SC

Given name added from a supplemental report:
(26) Signature of Witness necessary only when question is signed by mark: Dr. B.
(27) Local Registrar: Dr. B.

*If there was no attending physician or midwife, the father, if he is a physician, should make the report. If not, he should make the report. If not, he should make the report. If not, he should make the report.