

(1) PLACE OF BIRTH

County of

Township of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

65774

Registration District No. 3608

Registered No. 34

(For use of Local Registrar)

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Majorie Hughes

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER
Gilbert Chas. Hughes

(9) NAME BEFORE MARRIAGE

MOTHER
Ida Unoka Hughes

(10) PRESENT POSTOFFICE OF FATHER

Neeses

(11) PRESENT POSTOFFICE OF MOTHER

Neeses

(12) COLOR OR RACE

white

(13) AGE AT LAST BIRTHDAY

21 (Years)

(14) COLOR OR RACE

white

(15) AGE AT LAST BIRTHDAY

21 (Years)

(16) BIRTHPLACE

S.C.

(17) BIRTHPLACE

S.C.

(18) OCCUPATION

Farmer

(19) OCCUPATION

housewife

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

1

(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 born on the date above stated.

(23) (Signature) (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 19, 1916

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, and a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.