

## (1) PLACE OF BIRTH

County of Williston, S.C.Township of Williston, S.C.Inc. Town of Williston, S.C.City of Williston, S.C.

(If birth occurs in a hospital or other institution, state name and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12961

Registration District No. 10 Registered No. 31  
(For use of Local Registrar)Ward 10

(If birth occurs in a hospital or other institution, state name and number.)

(2) Full Name of Child George Roland Hudson If child is not yet named, make supplemental report as directed

(3) SEX <u>Boy</u>	(4) Type <u>Normal</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>3/3/29</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>George Roland Hudson</u>	(14) NAME BEFORE MARRIAGE <u>Mayme Hudson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Williston S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Williston S.C.</u>
(12) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(13) BIRTHPLACE <u>S.C.</u>		(19) BIRTHPLACE <u>S.C.</u>	
(15) OCCUPATION <u>Farmer</u>		(21) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(22) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) <u>A. D. Blanchard</u>	(25) Address of Physician or Midwife <u>Physician Williston S.C.</u>
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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	(27) Filed <u>May 11, 1929</u> Local Registrar.
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\*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.