

(1) PLACE OF BIRTH **Christfield** **CERTIFICATE OF BIRTH**
 County of **Christfield** **STATE OF SOUTH CAROLINA.**
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3401

Township of **Christfield**
 or
 Inc. Town of **Christfield** Registration District No. **12A** Registered No. **8**
 or
 City of **Christfield** (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 **Martha Louise Hughes** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE Feb. 9, 23 BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Thomas Hughes			(14) NAME BEFORE MARRIAGE Lilly Mae Smith	
(9) PRESENT POSTOFFICE OF FATHER Christfield			(15) PRESENT POSTOFFICE OF MOTHER Christfield	
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY 18 (Years)	
(12) BIRTHPLACE I. C.		(18) BIRTHPLACE S. C.		
(13) OCCUPATION Mechanic		(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 **Alive** at **1 a** A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **W. E. Duperant**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife **Christfield**

Given name added from a supplemental report

(26) Witness **Martha Duperant**
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed **Mar 6, 1923** (28) **W. E. Duperant**

*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.

IF A CHILD

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