

Form No. 3

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Ellison
 or
 Inc. Town 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

31628

Registration District No. 3605Registered No. 96
(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 Hozie Hudson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Burlee Hudson(9) PRESENT POSTOFFICE OF FATHER Porter, SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY..... (Years)(12) BIRTHPLACE Porter, SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Carry Hudson(15) PRESENT POSTOFFICE OF MOTHER Porter, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... (Years)(18) BIRTHPLACE Porter, SC(19) OCCUPATION Farmer wife(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..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Porter, SC

Given name added from a supplemental report

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

(27) Filed Sept 15, 1922 (28) Hudson Local Registrar

*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.

September

Date 13 1922

Agent's Name

Fybel Meldon

Permanent Post Office

Parlin

State

SD

Received at the Bank of Meldon, Kansas
September 13th 1922 the mother is Robert
Meldon and his wife Mrs. Sarah Joyner
and received F. D. R. Pell

Give Order Number and Customers Name When Referring to an Order.