

PLACE OF BIRTH

County of Spitankburg
 Municipality of Rockledge
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

37728

Registration District No. 44007Registered No. 57
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Nelly Ruth Hughes (If child is not yet named, make supplemental report as directed)

(2) SEX Girl (3) Type or Triplet Yes (4) Number in Year of Birth 3 (5) Are Parents Married Yes (6) DATE OF BIRTH Jan 28 1922
 (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Marion Singleton(8) PRESENT POSTOFFICE OF FATHER More R. 1 R.(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 19 (Years)(11) BIRTHPLACE Spitankburg Co.(12) OCCUPATION Farmer

MOTHER.

(13) NAME BEFORE MARRIAGE Lillian Mae Parish(14) PRESENT POSTOFFICE OF MOTHER More R. 1 R.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 17 (Years)(17) BIRTHPLACE Spitankburg Co.(18) OCCUPATION Domestic

(19) Number of children born to father, including present birth One (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)

(22) (Signature) T. G. Wright M.D. (23) State whether Physician or Midwife Physician

Give name added from a supplemental report

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

(25) 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.

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