

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Pee Dee

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

76402

or
 Inc. Town of Registration District No. 1208 Registered No. 10
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Darnay Hudley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 9, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Hudley
 (9) PRESENT POSTOFFICE OF FATHER Cash S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Chesterfield Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kera MacArthur
 (15) PRESENT POSTOFFICE OF MOTHER Cash S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Chesterfield Co.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. S. Singleton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cash, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Sept. 9, 1916 (28) D. J. Matheson
(Phy. E. M.) 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.