

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Bay or W. Bridge  
 or  
 Inc. Town of \_\_\_\_\_  
 City of 1. 1st or Rd 2

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

10012

Registration District No. 404 Registered No. 32  
 (For use of Local Registrar)

St.; \_\_\_\_\_ Ward)  
 (No. \_\_\_\_\_, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Wesley Washington Hughes

(3) BOY OR GIRL Boy (4) Twin or Triplet \_\_\_\_\_ (5) Number in order of birth 5  
 To be answered only in event of Twin or Triplet (6) Age Parents Married? Yes (7) DATE OF BIRTH April 17 19 22  
 (Name of Month) (Day) (Year)

## FATHER

(1) FULL NAME 1. 1st Hughes  
 (2) PRESENT POSTOFFICE OF FATHER Bamberg Rd 2 S 6  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Bamberg Rd 2 S 6  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Minnie Ray  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg Rd 2 S 6  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Bamberg County S 6  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:15 P. M. on the date above stated. (Born alive or stillborn) (Hour and M. or P. M.)

(23) (Signature) H. Manning (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chickadee

Given name added from a supplemental report

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

(27) Filed Apr 20 19 22 (28) W. D. Kierand Local Registrar

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.

Assistant Clerk \_\_\_\_\_ Registrar \_\_\_\_\_ Local Registrar \_\_\_\_\_

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