

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. R.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1a.—For State Register	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		3453	
Township of <u>Page</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>1500</u>		Registered No. <u>16</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Eva Hough</u>		If child is not yet named, make supplemental report as directed			
3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Feb 4 1923</u>	
FATHER			MOTHER		
8) FULL NAME <u>Dud Hough</u>	9) PRESENT POSTOFFICE OF FATHER <u>Page S.C.</u>		14) NAME BEFORE MARRIAGE <u>Dora Davis</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Page S.C.</u>	
10) COLOR OR RACE <u>C</u>	11) AGE AT LAST BIRTHDAY <u>22</u>		16) COLOR OR RACE <u>C</u>	17) AGE AT LAST BIRTHDAY <u>21</u>	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>		
13) OCCUPATION <u>Team</u>			19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>12</u>			21) Number of children of this mother now living, including present birth <u>12</u>		
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b></p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>Hough</u> on the date above stated.</p> <p>(23) (Signature) <u>Walter</u></p> <p>(24) State whether Physician or Midwife <u>Midwife</u></p> <p>(25) Address of Physician or Midwife <u>Page S.C.</u></p> <p>Given name added from a supplemental report</p> <p>(26) Witness (Signature of Witness necessary only when question 13 is signed by mother)</p> <p>(27) Filed <u>7/22 1923</u> Local Registrar</p>					

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child becomes stillborn, it may be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child becomes stillborn, it may be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.