

Form No. 10. MARGIN RESERVED FOR INDEXING. 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.

(1) PLACE OF BIRTH
 County of Redford
 Township of Shelton
 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
18114

Registration District No. 603 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Paul Hudson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 3, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Noah Hudson
 (9) PRESENT POSTOFFICE OF FATHER Hammock, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Redford Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 17

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Green
 (15) PRESENT POSTOFFICE OF MOTHER Hammock, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Beaufort Co.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Hammock, S.C. on the date above stated. (Four A. M. or P. M.)

(23) (Signature) Robert H. ...
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hammock, S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness ...
 (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed July 5, 1916 (28) ... 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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