

## (1) PLACE OF BIRTH

County of Marion  
 Township of Rowell  
 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

43660

Registration District No. 3286Registered No. 1750  
(For use of Local Registrar)

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 Isabelle Hughes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Gabriel Hughes  
 (9) PRESENT POSTOFFICE OF FATHER Gresham D.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Marion Co. D.C.  
 (13) OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Leora Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Gresham D.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Marion Co. D.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was white at 1:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Hughes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gresham D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5 1923(28) F.M. Castor 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.