

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
 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 2.

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of

City of Early SC

(If birth occurred in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4918

Registration District No. 27-9

Registered No. 21

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

| | | | | |
|-------------------------------|---|--|--|--|
| (3) BOY OR GIRL <u>boy</u> | (4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 16, 1928</u> Name of Month (Day) (Year) |
|-------------------------------|---|--|--|--|

FATHER.

| | |
|---|---|
| (8) FULL NAME <u>Harry Hodan Hughes</u> | (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) |
| (9) PRESENT POSTOFFICE OF FATHER <u>Early SC</u> | |
| (10) COLOR OR RACE <u>White</u> | |
| (12) BIRTHPLACE <u>N.C.</u> | |
| (13) OCCUPATION <u>Mill Hand</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | |

MOTHER.

| | |
|--|---|
| (14) NAME BEFORE MARRIAGE <u>Roxie Viola Holcomb</u> | (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Early SC</u> | |
| (16) COLOR OR RACE <u>White</u> | |
| (18) BIRTHPLACE <u>SC.</u> | |
| (19) OCCUPATION <u>Mill Hand</u> | |
| (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) W. B. Furman md
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Early SC

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed at birth)

(27) Filed Mar. 8, 1928 (28) E. J. V. V. V. 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.

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.