

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Lynch

or

Inc. Town of

or

City of

(If birth occurs 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

146-91.42

Registration District No. 2010 Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Dorothy May Hughes

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME B. J. Hughes

(9) PRESENT POSTOFFICE OF FATHER Cowards, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Maude Matthews

(15) PRESENT POSTOFFICE OF MOTHER Cowards, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 born alive at 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Daniel X. Daniels

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(25) Witness E. P. Montgomery (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 12, 1922 (28) E. P. Montgomery 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.

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