

(1) PLACE OF BIRTH

County of GreenvilleTownship of Little

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

42639

Registration District No. 2202 Registered No. 79
(For use of Local Registrar)

(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

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec. 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME <u>Waddie Hudson</u>	11) AGE AT LAST BIRTHDAY <u>23</u> (Years)
9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. Rte #2</u>	
10) COLOR OR RACE <u>White</u>	12) BIRTHPLACE <u>S.C.</u>
13) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>2</u>	

MOTHER.

14) NAME BEFORE MARRIAGE <u>Bessie Bishop</u>	17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. Rte #2</u>	
16) COLOR OR RACE <u>White</u>	18) BIRTHPLACE <u>S.C.</u>
19) OCCUPATION <u>Domestic</u>	
21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11 A. M.,
on the date above stated. (Born alive or stillborn) (Hour . M. or P. M.)(23) (Signature) H. J. M. Howard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S.C. Rte #2

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 10 1923 (28) T. A. Jones 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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