

(1) PLACE OF BIRTH

County of LancasterTownship of Lancaster

Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 2404No. 41342Registered No. 101
(For use of Local Registrar)

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

(2) Full Name of Child Margaret Hughes

(3) SEX OR GENDER <u>girl</u>	(4) Type or Token <u>To be reported only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1st</u>	(6) Date of Birth <u>Dec 28 1923</u> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Luther Hughes</u>	(14) NAME BEFORE MARRIAGE <u>Nancy Wallace</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Watts Mill</u>	(18) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(15) BIRTHPLACE <u>Lancaster S.C.</u>	(17) BIRTHPLACE <u>Lancaster S.C.</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(20) OCCUPATION <u>Miss work.</u>			

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature) <u>M. W. Alder</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Lancaster S.C.</u>
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Given name added from a supplement- tal report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
.....	(27) Filed <u>Dec 30 1923</u>
.....	(28) Local Registrar <u>L. E. Baker</u>

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.