

Form No 1.

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Mouzon

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

54077

Registration District No. 4306 Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Edith Virginia Hudson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Grant Hudson(9) PRESENT POSTOFFICE OF FATHER Seranton(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Florence Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Debora E Woods(15) PRESENT POSTOFFICE OF MOTHER Seranton S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Williamsburg Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:20 P. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Miss M. R. D. Baker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeCades S.C.

Given name added from a supplemental report

(26) Witness M. R. D. Baker (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed April 7 1916 (28) J. F. Garrison 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.
 McCaw, of Columbia.