

WITH THESE FORMS, WHEN ONE CHILD IS BORN, USE ONE SET. 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.

**(1) PLACE OF BIRTH**  
 County of Greenville  
 Township of Chick  
 or  
 Inc. Town of Green St. Registration District No. 22-13  
 City of \_\_\_\_\_ (No. \_\_\_\_\_) Registered No. 16  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

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

File No.—For State Registrar Only  
**64464**

**(2) Full Name of Child** Sarah Pitts Hughes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Robert Murray Hughes</u>		(14) NAME BEFORE MARRIAGE <u>Sarah Pitts Langston</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Green St.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Green St.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co S.C.</u>		(18) BIRTHPLACE <u>Newberry Co S.C.</u>		
(13) OCCUPATION <u>Cashier of Bank</u>		(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>Four</u>		(21) Number of children of this mother now living, including present birth <u>Four</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 2 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) H. L. Murchant  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Green St.

Given name added from a supplemental report \_\_\_\_\_  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar  
 (26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled 7/10/1916 (28) J. H. White 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.  
 \_\_\_\_\_ Registrar (27) Filled \_\_\_\_\_ (28) \_\_\_\_\_ Local Registrar

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