

MARGIN RESERVED FOR BINDING.
 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 1.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Chadwell
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only
 4872

Registration District No. 5613 Registered No. 17
 (For use of Local Registrar)

City of (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 Jessie Belle Hughes If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <u>girl</u>	(8) Twin or Triplet To be answered only in case of Twin or Triplet	(9) Number in order of birth	(10) Are Parents Married? <u>yes</u>	(11) DATE OF BIRTH <u>Feb. 15 1923</u> (Name of Month) (Day) (Year)
--------------------------------	-----------------------------------------------------------------------	------------------------------	-----------------------------------------	---------------------------------------------------------------------------

FATHER.

(12) FULL NAME Amos W. Hughes

(13) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.

(14) COLOR OR RACE colored (15) AGE AT LAST BIRTHDAY 35 (Years)

(16) BIRTHPLACE Washington, D.C.

(17) OCCUPATION Farming

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

MOTHER.

(19) NAME BEFORE MARRIAGE Carrie Elmore

(20) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.

(21) COLOR OR RACE colored (22) AGE AT LAST BIRTHDAY 38 (Years)

(23) BIRTHPLACE Orangeburg, S.C.

(24) OCCUPATION Farm Work

(25) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 5:15 P.M. on the date above stated. (Born alive or stillborn: (Hour, M. or P. M.))

(27) (Signature) Laura S. Thomas
 (28) State whether Physician or Midwife
 (29) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

.....

 19

(30) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (31) Filed Feb. 16 1923 (32) L. S. Thomas 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.

Form 10—Columbia, S.C.