

## (1) PLACE OF BIRTH

County of Charlotte  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charlotte

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3346

Registration District No. 9A

Registered No. 188  
 (For use of Local Registrar)

(2) Full Name of Child Wallace Emma Hughes  
 If birth occurs in a hospital or other institution, give name of same (instead of street and number.)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH Dec 27 1928  
 (Value of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Hughes

(9) PRESENT POSTOFFICE OF FATHER 36 College St. Charlotte, N.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 3 (Years)

(12) BIRTHPLACE Charlotte, N.C.

(13) OCCUPATION Wine Merchant - Manager of Wine Factory

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Hughes

(15) PRESENT POSTOFFICE OF MOTHER 36 College St. Charlotte, N.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Cincinnati, Ohio

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 92 M., (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) G. Passerotti

(24) State, Physician or Midwife (25) Address of Physician or Midwife Charlotte, N.C.

Given name added from a "supplemental report"

(26) Witness (Signature of Witness necessary only when question 23 is signed by only)

(27) Filed 2/17 2 Registrar

When there was no attending physician or midwife, then the father, household, 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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