

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

1938

Registration District No. 2306 Registered No. 12
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 23, 1938
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charles Hughes
 (9) PRESENT POSTOFFICE OF FATHER Greenville RFD
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Greenville Co
 (13) OCCUPATION Hammer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Elizabeth Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Greenville RFD
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Greenville Co
 (19) OCCUPATION Hammer Wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Louise Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Madison

Given name added from a supplemental report
 _____, 191____

 _____ Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed Jan 6, 1938 (28) MRS. Bandy Local Registrar

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. THIS OFFICE, No. 2, etc., in question 5.
 McCaw, of Columbia.

*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.