

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Inc. Town ofor
City of

Columbia

(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

70079

Registration District No.

38-2

Registered No.

195

(For use of Local Registrar)

(2) Full Name of Child. Florence Mildred Hudson.

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

To be answered only in event of twins or triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 21

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Oscar James Hudson

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Chester SC.

(13) OCCUPATION

Mill Operator

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Inez Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. E. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

1533 Assembly St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 1 3 1916

(28)

Local Registrar

Registrar

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

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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 8.

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