

(1) PLACE OF BIRTH

County of MarlboroTownship of Sebronor
Inc. Town of.....or
City of.....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Frank Hubbard(9) PRESENT POSTOFFICE OF FATHER Clis. S E(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S E(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE Heneretia M G Full(15) PRESENT POSTOFFICE OF MOTHER Clis. S E(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S E(19) OCCUPATION Labourer(21) Number of children of this mother now living, including present birth 1 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 6 a M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Rosa J. J. J.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Full Name W. H. Woodley 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.

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

File No. For State Registrar Only
43771

Registration District No. 3304 Registered No. 154
(For use of Local Registrar)