

(1) PLACE OF BIRTH

County of HenryTownship of Linsington Creek

Inc. Town of

City of

(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

22680

Registration District No. 7509 Registered No. 68
(For use of Local Registrar)(2) Full Name of Child Robert Ray Hughes (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh Ray Hughes(9) PRESENT POSTOFFICE OF FATHER Loris S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Henry Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Veronica Katharine Hughes(15) PRESENT POSTOFFICE OF MOTHER Loris S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Wansuck Co Va.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive 8 AM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Millie Causey(24) State whether Physician or Midwife (25) Address of Physician or Midwife Loris S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 24 1922 (28) Loris S.C. 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.