

Form No. 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairview

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Edward Hughes(3) BOY OR GIRL Boy(4) Twin or Triplet? no(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 12, 1916

MOTHER.

(14) NAME BEFORE MARRIAGE Maude Watson(15) PRESENT POSTOFFICE OF MOTHER Fort Linn P.C.(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 28(18) BIRTHPLACE Simpsonville S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3(8) FULL NAME Judd Perry Hughes(9) PRESENT POSTOFFICE OF FATHER Mountain Linn P.C.(10) COLOR OR RACE Caucasian(11) AGE AT LAST BIRTHDAY 37(12) BIRTHPLACE At Linn P.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Greenville on the date above stated.(23) (Signature) N. L. Shaw M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Fort Linn S.C.

Given name added from a supplemental report

June 29, 1916W. W. Miller
Sup. State Registrar

(26) Witness

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

(27) Filed Mar. 10, 1916(28) Thos. Duke

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. 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 5.
McGraw, of ColumbiaCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
49264Registration District No. 2206 Registered No. 19

(For use of Local Registrar)

St.; Ward)

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