

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

Registration District No. 9ARegistered No.
(For use of Local Registrar)(2) Full Name of Child Agnes Rosa Hughes

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

(3) SEX OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 23 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leon Hughes(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Lula May Crosby(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Waterbury S.C.(19) OCCUPATION domestic(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 on the date above stated. (Born alive or stillborn) (Hour, date, or P. M.)(23) (Signature) E. J. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 18 [Signature] St

(Given name added from a supplemental report)

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

(27) Filed 1922 Nov 23 1922 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.

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MARGIN REMOVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.