FORM NO. 5. MARGIN RESERVED FOR BINDING.

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

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 5.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
9065

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or Inc. Town of ..... Registration District No. 1-a Registered No. 34 (For use of Local Reistrar)

or City of Abbeville (No. Pressley St.; 3rd Ward)

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

(2) Full Name of Child Rosa Ellen Hughes — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (To be answered only in event of Twins or Triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr, 25, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Joe T. Hughes	(14) NAME BEFORE MARRIAGE Carrie L. Hugalette
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Abbeville S.C.	(18) BIRTHPLACE Charleston S.C.
(13) OCCUPATION Engineer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2	(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 alive (Born alive or stillborn) at 3:15 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. Garnsbull M.D.

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

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Apr 27 1915 (28) T. G. Perrin 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 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.

McCaw,