

Form No. 1

## (1) PLACE OF BIRTH

County of Chester  
Township of LinevilleCERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registry Only  
67710or  
Inc. Town of

Registration District No. 1106

Registered No. 90  
(For use of Local Registrar)

or

City of

(No. \_\_\_\_\_)

St.; \_\_\_\_\_ Ward

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

## 2) Full Name of Child

Anna Rose

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

(3) BOY OR  
GIRL? her(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTHJuly 29, 1966  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to  
mother, including present birth(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother  
now living, including present birth

## MOTHER.

Fayney Hodges

Reahung Hodges

(closed)

Chester, S.C.

House Work

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Anna Rose

(24) State whether Physician or Midwife

Smith, S.C.

Given name added from a supplemen-  
tal report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 7-29-1966 (28) .....

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.