

WHERE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS see 2 SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of U. M. H. Registration District No. 42-A Registered No. 149
 or
 City of Union (No. mill St.; 2 Ward)
 (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
44852

(2) Full Name of Child Jno. Melvin Rhodes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? BOY
 (4) Twin or Triplet? X
 (5) Number in order of birth X
 (6) Are Parents Married? yes
 (7) DATE OF BIRTH Dec 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Levi Rhodes
 (9) PRESENT POSTOFFICE OF FATHER Union S.P.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Lamus Co S.C.
 (13) OCCUPATION mill work
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Litha Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Union S.P.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Union Co S.P.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 10 P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. H. Hobbs
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union S.P.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. G. Sarratt
 (27) Filed Jan 10 1916. (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.

REGISTRAR

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N. B. McCaw, of Columbia.
 McCaw.