

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.

(1) PLACE OF BIRTH

County of Greenwood  
 Township of Hodges  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

77392

Registration District No. 2367 Registered No. 41  
 (For use of Local Registrar)

(2) Full Name of Child Hattie Kade

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? + (5) Number in order of birth + (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 29, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Kade  
 (9) PRESENT POSTOFFICE OF FATHER Dead  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION 1

MOTHER.

(14) NAME BEFORE MARRIAGE Joseph. Vaughan  
 (15) PRESENT POSTOFFICE OF MOTHER Hodges, S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Hodges, S.C.  
 (19) OCCUPATION Washing  
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at... 2 A.M....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Beckie Lomas  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 7, 1916 (28) S. L. Brissie 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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.