

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5888

Registration District No. 314 Registered No. 15  
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 7 23</u> (Name of Month) (Day) (Year)
----------------------------	---	------------------------------	------------------------------------	---

(8) FULL NAME <u>Bess Rhodes</u>	(9) NAME BEFORE MARRIAGE <u>Pauline Rhodes</u>
----------------------------------	--

(10) PRESENT POSTOFFICE OF FATHER <u>Plyer RFD</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Plyer RFD</u>
--	--

(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>18</u> (Year)
---------------------------------	---	---------------------------------	---

(16) BIRTHPLACE <u>Anderson County</u>	(17) BIRTHPLACE <u>Anderson County</u>
--	--

(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
-------------------------------	-------------------------------

(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
--	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Pauline at 9:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Rhodes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Plyer Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 10 1923 (28) W. R. Rhodes 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 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 1.

Bureau of Census, Columbia, S. C.