

(1) PLACE OF BIRTH.

County of *Seaford*Township of *11*or
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child *James Thomas Rhoden*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 31 1922*

To be completed only in event of Twins or Triplets (8) One of Month (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME *W. Morgan Rhoden* (14) NAME BEFORE MARRIAGE *Sarahella Lobb*(9) PRESENT POSTOFFICE OF FATHER *Lexington St* (15) PRESENT POSTOFFICE OF MOTHER *Lexington St*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25* (12) BIRTHPLACE *Saluda Co*(13) OCCUPATION *Mill Operator* (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25*(18) BIRTHPLACE *Lex Co* (19) OCCUPATION *Sawyer*(20) Number of children born to mother, including present birth *4* (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) *J. N. Mathias* (24) Street Address of Physician or Midwife *Lexington St* (25) Address of Physician or Midwife *Lexington St*

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

(27) Filed *Apr 31 1922* (28) *C. R. Rhoden* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

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