

(1) PLACE OF BIRTH

County of FlorenceTownship of James T. Roador
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

20962

Registration District No. Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child Elma HobsonIf child is not yet named, make
substantial report of name(3) SEX OF CHILD Girl (4) Type of Report Yes (5) Number in order of birth 49 (6) DATE OF BIRTH July 29, 1923

FATHER.

(7) FULL NAME Elijah Hobson(8) PRESENT RESIDENCE OF FATHER Timmonsville(9) COLOR W (10) AGE AT LAST BIRTHDAY 49 (Year)(11) BIRTHPLACE Florence Co.(12) OCCUPATION Farmer

MOTHER.

(13) NAME BEFORE MARRIAGE Jade Ridge(14) PRESENT RESIDENCE OF MOTHER Timmonsville S.C.(15) COLOR W (16) AGE AT LAST BIRTHDAY 38(17) BIRTHPLACE Williamsting Co.(18) OCCUPATION Domestic(19) Number of children born to mother, including present birth 9 (20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M. on the date above stated. (Here place or northern) (Hour A. M. or P. M.)(22) (Signature) Martha Wilson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Timmonsville S.C.

Given name added from a supplementary report

(25) Witness Mrs. J. B. Humphrey (Signature of Witness necessary only when question is signed by mark)(26) Filed Aug. 5, 1923 (27) Mrs. J. B. Humphrey Local Registrar

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