

K O D A K S · A F E

(1) PLACE OF BIRTH

County of Sp. Asian Larry
 Township of N. Brown
 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

19276

Registration District No. 401A Registered No.
 (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 Not Name If child is not yet named, make supplemental report as directed

3. BOY OR GIRL By (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH April 1, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Tom Ogden
 9. PRESENT POSTOFFICE OF FATHER Rochester N. C.
 10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32 (Year)
 12. BIRTHPLACE LE
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 16

MOTHER.
 (14) NAME BEFORE MARRIAGE Emma H. Hefner
 (15) PRESENT POSTOFFICE OF MOTHER Rochester N. C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE SE
 (19) OCCUPATION Domestic + Farmer
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rochester N. C.

When name added from a supplemental report

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

(27) Filed July 16, 1923 (28) J. J. Williams 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.