

(1) PLACE OF BIRTH

County of HorryTownship of South

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

32703

Registration District No. 7.7.9 Registered No. 7.7 (For use of Local Registrar)(2) Full Name of Child Travis H. Odum (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD M (4) Twin or Triplet No (5) Number in order of birth 1 (6) Was mother present yes (7) DATE OF BIRTH July 9, 1923

FATHER

(8) FULL NAME Harry Odum(9) PRESENT RESIDENCE OF FATHER Walter St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer & House(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Mailey Jones(16) PRESENT RESIDENCE OF MOTHER Burgess(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 19 (Years)(19) BIRTHPLACE Horry(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harold Odum(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Burgess

(26) Name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed Sept 12, 1923 (29) L. J. Odum 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.