

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5507

Registration District No.

Registered No.

(For use of Local Registrar)

St. Ward

## (2) Full Name of Child

Emmie Elizabeth Hood

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 28 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Warren Dewitt Hood

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Atlanta Ga.

(13) OCCUPATION

Locomotive engineer

(14) Number of children born to father, including present birth

2

## MOTHER

(14) NAME BEFORE MARRIAGE

Nana Edna Lathwood

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Vicksburg, Mo.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Abbeville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 2 1924

(28) Issued

March 2 1924

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.

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MARGIN RESERVED FOR BINDING.

WITH UNFADING INK—THIS IS A PERMANENT RECORD.

TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.