

(1) PLACE OF BIRTH

County of SpartanburgTownship of Woodruffor
Inc. Town ofor
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 Register Only

8623

Registration District No. 4009 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Lester Rhodes

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? tw (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Feb. 22 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Rhodes(9) PRESENT POSTOFFICE OF FATHER Horone, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Spartanburg S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Rogers(15) PRESENT POSTOFFICE OF MOTHER Horone, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION Domestic(20) 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 11:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Willard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff 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 Jan 10 23 (28) Conrad J. Boyter 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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