CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46399

County of Greenville
Township of Grove
Town of
City of

Registration District No. ..... Registered No. 4
(For use of Local Reistrar)

(No. ..... St.: ..... Ward)
(Give name of same instead of street and number.)

Full Name of Child Rebecca Rhodes — If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes — (7) DATE OF BIRTH 1, 11, 1916 (Month) (Day) (Year)

Girl

FATHER.

E. M. Rhodes

Piedmont

White — AGE AT LAST BIRTHDAY 48

S C

Farmer

12

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Linderman

(15) PRESENT POSTOFFICE OF MOTHER Piedmont

(16) COLOR OR RACE White — (17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I attended the birth of this child who was alive at 11 P.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. F. Stoddard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Pelzer

SC

Given name added from a supplemental report

June 9, 1916
Cwmiller
Deputy

(26) Witness ..... (Witness necessary only when question 23 is signed by mark)

Filed 1/22 1916 (28) ..... 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.

McCaw