

(1) PLACE OF BIRTH

County of Horry
 Township of
 OR
 Inc. Town of Conway
 OR
 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

42938

Registration District No. 25A Registered No. 87
 (For use of Local Registrar)

(2) Full Name of Child T. J. Chodhorn {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no. (7) DATE OF BIRTH Dec 31, 1927
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Thermon Dewett</u>		(14) NAME BEFORE MARRIAGE	<u>Irene Chodhorn</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Conway S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Conway S.C.</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)		(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE	<u>Horry Co.</u>		(18) BIRTHPLACE	<u>Conway</u>	
(13) OCCUPATION			(19) OCCUPATION		
(20) Number of children born to mother, including present birth	<u>1</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ellen G. Gentry (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report
 19 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 3, 1928 (28) A. E. Gentry 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.