

Form No. 1.

(1) PLACE OF BIRTH
County of Sumter
Township of Concord

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

File No. — For State Registrar Only
66380

Inc. Town of Registration District No. 4110 Registered No. 1-6
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Johnnie Hodge If child is not yet named, make supplemental report as directed

(3) BOY ☒ GIRL ☐ (4) Twin or Triplet? ☐ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Enoch Hodge
(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Hodge
(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. Elizabeth Harrison
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplemental report

(26) Witness T. E. Newman
(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed 6/30 by Mrs. J. Newman Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn babies less than three months of pregnancy.

MADE IN THE UNITED STATES OF AMERICA. WHEN FILLING IN THIS FORM, PLEASE PRINT CLEARLY AND IN INK. THIS IS A SUPPLEMENTARY FORM TO BE USED IN CONNECTION WITH THE BIRTH RECORDS OF THE STATE OF SOUTH CAROLINA. IT IS NOT TO BE USED IN ANY OTHER MANNER. NO. 1. THE OTHER, NO. 2. ETC. IN QUESTION 2.