

## (1) PLACE OF BIRTH

County of AitkenTownship of Langleys

Inc. Town of .....

City of Bath

(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

2699

Registration District No. 212A Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Julius Edwards Rhoden If child is not yet named, make supplemental report as directed

|                               |  |                              |                                      |   |
|-------------------------------|--|------------------------------|--------------------------------------|---|
| (3) BOY OR GIRL<br><u>Boy</u> | (4) Twin or Triplet<br>To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Age Parents Married<br><u>46</u> | (7) DATE OF BIRTH<br><u>Feb 27 1923</u><br>(Name of Month) (Day) (Year) |
|-------------------------------|--|------------------------------|--------------------------------------|---|

| FATHER  |  | MOTHER   |   |
|---|--|--|---|
| (8) FULL NAME<br><u>James P. Rhoden</u>   | (14) NAME BEFORE MARRIAGE<br><u>Miss Lee Moody</u>   | (9) PRESENT POSTOFFICE OF FATHER<br><u>Bath, SC.</u> | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Bath, SC.</u> |
| (10) COLOR OR RACE<br><u>White</u>  | (11) AGE AT LAST BIRTHDAY<br><u>44</u><br>(Years)  | (16) COLOR OR RACE<br><u>White</u>                   | (17) AGE AT LAST BIRTHDAY<br><u>25</u><br>(Years)     |
| (12) BIRTHPLACE<br><u>Georgia</u>   | (18) BIRTHPLACE<br><u>Georgia</u>  | (13) OCCUPATION<br><u>Mill worker</u>                | (19) OCCUPATION<br><u>Housewife</u>                   |
| (20) Number of children born to mother, including present birth<br><u>Three</u> | (21) Number of children of this mother now living, including present birth<br><u>Three</u> |  |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 3 h. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. E. Boone

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

(Given name added from a supplemental report)

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

(27) Filed Feb 27 1923 (28) E. W. Bradley 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.