

(1) PLACE OF BIRTH

County of ArdenTownship of WardsOF
Inc. Town ofOF
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 Joe Rosendus Hatch If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet
To be answered only in event of Twin or Triplet (5) Age
Parent Married Yes (6) DATE OF BIRTH 4-28-23
(Name of Month) (Day) (Year)FATHER. (10) NAME BEFORE MARRIAGE Beatrice Rodgers(11) PRESENT POSTOFFICE OF FATHER Johnston, S.C. (16) PRESENT POSTOFFICE OF MOTHER Johnston, S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 30 (17) AGE AT LAST BIRTHDAY 29
(Year) (Year)(14) BIRTHPLACE Arden S. C. (18) BIRTHPLACE Arden S. C.(15) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. A. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(27) Filed May 10 1923 (28) H. E. D. ... 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.

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.