

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or Inc. Town of .....

City of Sumter

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dora Priscilla Hodge

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 107 E. Canal (6) Sex Female (7) DATE OF BIRTH Oct. 30, 1923 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Willie Wesley Hodge  
(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Clarendon County  
(13) OCCUPATION Truck Driver  
(14) Number of children born to mother, including present birth 6

MOTHER.  
(15) NAME BEFORE MARRIAGE Balbi Priscilla Kelly  
(16) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 35 (Years)  
(19) BIRTHPLACE Sumter County  
(20) OCCUPATION Housewife  
(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 7:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Burgess M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1924 (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.

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WRITE PLAINLY. WITH UNBLENDED INK. USE A SEPARATE BLANK FOR EACH CHILD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

RECEIVED BY CLERK, SUMTER, S. C.

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

No. 44.—For State Registrar Only  
43036

Registration District No. 41-A Registered No. 211  
(For use of Local Registrar)

(No. 107 E. Canal St.; ..... Ward)

If child is not yet named, make supplemental report as directed