

(1) PLACE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.Township of Highland Bureau of Vital Statistics

State Board of Health

Inc. Town of Registration District No. 2211 Registered No. 45
(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 Wm. H. H. H. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>William Walker Hode</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Pabb.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sum 9-3-3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sum 9-3-3</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) *Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was blue at 9:40 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. H. Langford(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Sum S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 6:10 1916 (28) W. J. H. Langford 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.

File No. — For State Registrar Only
64587

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.
 Div. of Columbia