

THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH

County of Cherokee

Township of Cherokee

or  
Inc. Town of .....

or  
City of .....

(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

18159

Registration District No. 1201 Registered No. 61  
(For use of Local Registrar)

(2) Full Name of Child Nellie Hodge

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

(3) BOY OR  
GIRL Girl

(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth

(6) Are  
Parents  
Married? Yes

(7) DATE OF  
BIRTH June 6 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME Will Hodge

(9) PRESENT  
POSTOFFICE  
OF FATHER Cherokee SC

(10) COLOR  
OR  
RACE White

(11) AGE AT LAST  
BIRTHDAY 28  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to  
mother, including present birth

MOTHER.

(14) NAME BEFORE  
MARRIAGE Mary Thompson

(15) PRESENT  
POSTOFFICE  
OF MOTHER Cherokee SC

(16) COLOR  
OR  
RACE White

(17) AGE AT LAST  
BIRTHDAY 24  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm laborer

(21) Number of children of this mother  
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charity Funderburk

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

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

(27) Filed June 10 1922

(28) P. B. Ingram  
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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