

(1) PLACE OF BIRTH

County of FlowerTownship of Sanctuary

Inc. Town of

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

No. 11.—For State Registrar Only

28370

Registration District No. 2014 Registered No. 35
(For use of Local Registrar)(2) Full Name of Child 2

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

(3) BOY OR GIRL? <u>Girls</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 27, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lawrence M. Rhodes

(9) PRESENT POSTOFFICE OF FATHER Effingham SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Year)

(12) BIRTHPLACE Darlington Co SC

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE James M. Lough

(15) PRESENT POSTOFFICE OF MOTHER Effingham SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Year)

(18) BIRTHPLACE Flower Co SC

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:50 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. K. Rhodes(24) State whether Physician or Midwife Phys.(25) Address of Phys. or Midwife Flower SC

Even name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 30, 1923 Local Registrar L. C. Hill

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.