

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Carroll

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

Registration District No. 40D6No. 22634 - For State Registrar Only

22634

Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Mildred Elizabeth Hodge If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Girl (1) Type or Figure (2) Number in order of birth (3) Age at birth yes (4) DATE OF BIRTH 7-22-23  
 To be answered only in case of Twin or Triple (Name of Month) (Day) (Year)

FATHER: (1) FULL NAME L. N. Hodge (14) NAME BEFORE MARRIAGE Matilda Loring

(2) PRESENT POSTOFFICE OF FATHER Trough (15) PRESENT POSTOFFICE OF MOTHER Trough

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 19

(20) BIRTHPLACE S.C. (21) BIRTHPLACE S.C.

(22) OCCUPATION Dapper (23) OCCUPATION Housewife

(24) Number of children born to mother, including present birth 3 (25) Number of children of the mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour 9:0 A. M. or P. M.) on the date above stated.

(27) (Signature) W. S. Kirpatrick(28) State whether Physician or Midwife (29) Address of Physician or Midwife M. C. Carroll S.C.

Given name added from a supplemental report

(30) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(31) Filed 8-10-23 (32) M. W. Brown 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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