

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Briggs Bridge  
 or  
 Inc. Town of Govan  
 or  
 City of Se

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3137

Registration District No. 401Registered No. 21  
(For use of Local Registrar)

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

(2) Full Name of Child David Odom

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 13 22

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME

Arthur Odom

(9) PRESENT POSTOFFICE OF FATHER

Govan Se

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

35

(12 years)

(13) BIRTHPLACE

SC

(14) OCCUPATION

farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Williams

(15) PRESENT POSTOFFICE OF MOTHER

Govan Se

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

farmer

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Manda Odom

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Govan Se

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/4 1922(28) J. E. Bennett

(29) 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.