

(1) PLACE OF BIRTH

County of Laurens  
Township of Laurens  
or  
Inc. Town of Laurens  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**90574**

Registration District No. 39<sup>9</sup> Registered No. 137  
(For use of Local Registrar)  
No. 239 Park 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 Pre-mature Infant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 15, 1916  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Geo Rhodes  
(9) PRESENT POSTOFFICE OF FATHER Laurens  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(12) BIRTHPLACE Spaulding Co  
(13) OCCUPATION Cotton mill work  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Nonie Chesney  
(15) PRESENT POSTOFFICE OF MOTHER Laurens  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(18) BIRTHPLACE Spaulding Co  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Edene at 8 P M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J M Pearson  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

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

(27) Filed Dec 20 6 19 16 (28) C. Kennedy 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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