

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 Sumter

Township of Middle

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

24062

Registration District No. 403

Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

Reuben Rhoads

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

(3) BOY OR GIRL? Bo

(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 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eugene Rhoads

(9) PRESENT POSTOFFICE OF FATHER

Widewater

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

46  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Domestic

MOTHER.

(14) NAME BEFORE MARRIAGE

Malvina Rhoads

(15) PRESENT POSTOFFICE OF MOTHER

Widewater

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

42  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

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

14

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

39 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

6/25/22

(27)

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.