

(1) PLACE OF BIRTH

County of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Capitol at ColumbiaNo. 37404

Residence of

Sex MaleRegistration District No. 382Registration No. 925City of ColumbiaName of Child P. Rhoda

(For use of Local Registrar)

(If born in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

P. Rhoda

(If child is not yet named, state suggestion made by parent)

(3) SEX OF CHILD Male (4) TYPE OF BIRTH Normal (5) NUMBER OF CHILDREN BORN TO MOTHER 4 (6) DATE OF BIRTH April 2, 1923

FATHER

(7) FULL NAME John Rhoda (8) NAME BEFORE MARRIAGE Thomasine Williams(9) RESIDENT ADDRESS OF FATHER Columbia, S.C. (10) RESIDENT ADDRESS OF MOTHER Columbia, S.C.(11) COLOR W (12) AGE AT LAST BIRTHDAY 33 (13) COLOR OF HAIR W (14) AGE AT LAST BIRTHDAY 23(15) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.(17) OCCUPATION Labourer (18) OCCUPATION Housewife(19) Number of children born to mother, including present birth 5 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 10 A. M.
on the date above stated.(22) (Signature) John Rhoda (23) State whether Physician or Midwife (24) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Signed W. H. Rhoda (27) Signed J. H. Rhoda (28) 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.

Registrar