

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

File No.—For State Registrar Only  
**23931**

(1) PLACE OF BIRTH

County of St. George

Township of Cedar Grove

or  
Inc. Town of .....

City of .....

Registration District No. 4003

Registered No. 73  
(For use of Local Registrar)

(No. .... 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 Henry Matthew Rhodes child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Robert Oscar Rhodes

9) PRESENT POSTOFFICE OF FATHER Enon

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48  
(Years)

12) BIRTHPLACE St. George

13) OCCUPATION Farm

20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Cora E. Moon

(15) PRESENT POSTOFFICE OF MOTHER Enon

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Years)

(18) BIRTHPLACE Columbia Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. M. Corb  
(24) State South Carolina Physician or Midwife

(25) Address of Physician or Midwife Wooten

Given name added from a supplemental report

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

(27) Filed Aug. 10, 1922 (28) C. P. Harris Local Registrar.

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\*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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