

## (1) PLACE OF BIRTH

County of Hampton  
 Township of 0644  
 or  
 Inc. Town of Yarnville  
 or  
 City of .....

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

No. for State Registrar Only

40027

Registration District No. 3402 Registered No. 170  
 (For use of Local Registrar)

City of ..... (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 James Allen Hodge If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type of Twin 1 (5) Number in order of birth 2 (6) DATE OF BIRTH Dec 24 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Seacil Hodge  
 (2) PRESENT RESIDENCE OF FATHER Yarnville  
 (3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 38  
 (5) BIRTHPLACE Clinton Co  
 (6) OCCUPATION blacksmith

## MOTHER.

(1) NAME BEFORE MARRIAGE Edna Carter  
 (2) PRESENT RESIDENCE OF MOTHER Yarnville  
 (3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 27  
 (5) BIRTHPLACE Clinton  
 (6) OCCUPATION house work

(7) Number of children born to mother, including present birth 2 (8) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Sign A. M. or P. M.)  
 on the date above stated.

(10) (Signature) Addie Broton  
 (11) State whether Physician or Midwife  
 (12) Address of Physician or Midwife Yarnville

Given name added from a supplemental report

(13) Witness no witnesses  
 (Signature of Witness necessary only when question 13 is signed by mark)

(14) Filed Mar 31 1924 (15) J. W. Rogers  
 Registrar 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.

WRITTEN PLAINLY. WITH NECESSARY INFORMATION AS TO PREPARATION OF THIS REPORT. THE REPORTER MUST SIGN HIS NAME AND PRINT IT IN FULL. THE REPORTER MUST SIGN HIS NAME AND PRINT IT IN FULL. THE REPORTER MUST SIGN HIS NAME AND PRINT IT IN FULL.