

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

Form 5-6

(1) PLACE OF BIRTH
County of Laurens
Township of Clinton
or
Inc. Town of Clinton
or
City of Clinton
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2912 Registered No. 97
(For use of Local Registrar)
(No. Dakland St. 5th Ward)

(2) Full Name of Child John McCall Odine If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George C. Odine
(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)
(12) BIRTHPLACE Columbia, Adairville County, S.C.
(13) OCCUPATION Farmer & Construction
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie F. Farmer
(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)
(18) BIRTHPLACE Clinton, Ala.
(19) OCCUPATION Home wife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M., or P. M.)

(23) (Signature) J. W. Davis
(24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife Clinton, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Mr. J. W. Davis
(27) Filed Nov 8 22 1922 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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File No.—For State Registrar Only

35220