

(1) PLACE OF BIRTH

County of SargasterTownship of Gilead

Inc. Town of

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

90537

Registration District No. 2801 Registered No. 177

(For use of Local Registrar)

(2) Full Name of Child Joan's Lee Hood { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of Birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 27, 1917</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME E. F. Hood

(9) PRESENT POSTOFFICE OF FATHER Sargaster Co.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Sargaster Co.

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Crockett

(15) PRESENT POSTOFFICE OF MOTHER Sargaster Co.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Sargaster Co.

(19) OCCUPATION house work

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 4. P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Joan's Lee Hood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 2, 1917 (28) J. T. Thomas 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.

