

D A K S A F E T Y

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.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|--------------------------------|---------------------------------------|--|--|--|
| County of <u>Leflore</u> | | STATE OF SOUTH CAROLINA | | 90785 | |
| Township of <u>Quail Springs</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>3107</u> | | Registered No. <u>147</u> | |
| or | | | | (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 <u>Charles William Rhoden</u> <small>If child is not yet named, make supplemental report as directed</small> | | | | | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>12-29-16</u> <small>(Name of Month) (Day) (Year)</small> | |
| FATHER | | | MOTHER | | |
| (8) FULL NAME <u>W. B. Rhoden</u> | | | (14) NAME BEFORE MARRIAGE <u>Alice Hutto</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Sumner S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Sumner S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>37</u> | | | (17) AGE AT LAST BIRTHDAY <u>28</u> | | |
| (12) BIRTHPLACE <u>Barnwell Co.</u> | | | (18) BIRTHPLACE <u>Sumner S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>House wife</u> | | |
| (20) Number of children born to mother, including present birth <u>Four</u> | | | (21) Number of children of this mother now living, including present birth <u>Four</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7</u> P.M., on the date above stated. <small>(Born alive or dead) (Hour A. M. or P. M.)</small> | | | | | |
| (23) (Signature) <u>M. L. Brazier</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> | | | | | |
| (25) Address of Physician or Midwife <u>Sumner</u> | | | | | |
| Given name added from a supplemental report <u>May 16, 1917</u> | | | | | |
| (26) Witness <u>Charles Rhoden</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> | | | | | |
| (27) Filed <u>Jan 6</u> 19 <u>17</u> (28) Local Registrar <u>Super</u> | | | | | |

*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.