(3) PLACE OF BIRTH

County of Anderson

Township of Centerville

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 30

No. 12. — For State Registrar Only
12812

Registered No. 49
(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 Clara Hill Hood

If child is not yet named, make supplemental report as directed

(3) Sex of Child	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth
X	To be answered only in event of Twins or Triplets		Yes	May 18 1923 (Name of Month) (Day) (Year)

FATHER.

(8) Full Name: Jesse Hood

(9) Present Postoffice of Father: Anderson SC

(10) Color or Race: white

(11) Age at Last Birthday: 27 (Years)

(12) Birthplace: Hart Co Ga

(13) Occupation: Farming

(14) Number of children born to mother, including present birth: 1

MOTHER.

(14) Maiden Name: Dora Mae Burden

(15) Present Postoffice of Mother: Anderson SC

(16) Color or Race: white

(17) Age at Last Birthday: 20 (Years)

(18) Birthplace: Hart Co Ga

(19) Occupation: Domestic

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wade Throckmorton

(24) State whether Physician or ~~Midwife~~

(25) Address of Physician or ~~Midwife~~: Anderson SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 22 1923 (28) [illegible]
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.

*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.