

Form No. 2

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

24036

County of ClevelandTownship of Harveyor
Inc. Town of _____Registration District No. 1306 Registered No. 7

(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 Martine Hodge

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 6, 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE Ellene Hodge(15) PRESENT POSTOFFICE OF MOTHER Manning R.R. SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 16

(years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hands(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 Born alive 8 lbs.
(Born alive or stillborn) (Four A. M. or P. M.)
on the date above stated.

(23) (Signature) _____

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Saul Hodge

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

(27) Filed Aug 7, 1923

(28)

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 28th month of pregnancy.