

(1) PLACE OF BIRTH

County of Clarendon
 Township of Harmony
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

(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

76438

Registration District No. 1306 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Harold Leroy Odum

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 (6) Are Parents Married? yes (7) DATE OF BIRTH. Sept. 26, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leroy Odum
 (9) PRESENT POSTOFFICE OF FATHER Alcolu R. 1, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY. 26
 (Years)
 (12) BIRTHPLACE Marengo Co., S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Francis M. Witherspoon
 (15) PRESENT POSTOFFICE OF MOTHER Alcolu, R. 1, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY. 19
 (Years)
 (18) BIRTHPLACE Darlington Co., S.C.
 (19) OCCUPATION House wife
 (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 at 2:20 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness Leroy Odum

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

(27) Filed Oct 4, 1916 (28) R. E. Thompson

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.

THIS IS A PRELIMINARY 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.