

(1) PLACE OF BIRTH

County of *Spt 4*Township of *Herberts Creek*

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

0159

Registration District No. *4073*Registered No. *26*

(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

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

L

(5) Number in order of birth

L

(6) Are Parents Married?

Y

(7) DATE OF BIRTH

Feb. 20, 22

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

(8) FULL NAME

Olin Rhodes

(9) PRESENT POSTOFFICE OF FATHER

Euclid

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Spt 4 E

(13) OCCUPATION

Farmer

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

1 3

MOTHER

(14) NAME BEFORE MARRIAGE

Minnie League

(15) PRESENT POSTOFFICE OF MOTHER

Euclid

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

New Port Tenn

(19) OCCUPATION

House wife

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

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *108* *W. M.* on the date above stated.

(Residence or address)

(23) (Signature)

(24) State whether Physician or Midwife

Phys

(25) Address of Physician or Midwife

Woodruff

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Registrar

Mrs. C. D. Harris

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.

before the fifth month of pregnancy