

MARGIN RESERVED FOR BINDING.

WHITE PRINTED. WITH ENVELOPE, IN—THIS IS A PERMANENT RECORD.

A 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 3.

(1) PLACE OF BIRTH

County of Abbeville.....

Township of .....

or  
Inc. Town of.....

or  
City of Abbeville.....

(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

12528

Registration District No. 1a Registered No. 44.....  
(For use of Local Registrar)

(2) Full Name of Child Milton Jackson Hodges Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>MAY 16 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Milton Jackson Hodges

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Year)

(12) BIRTHPLACE Abbeville Co.

(13) OCCUPATION Mill Work

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Sallie May Patterson

(16) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25  
(Year)

(19) BIRTHPLACE Abbeville S.C.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated.  
Born alive or stillborn (Hour, M. or P. M.)

(23) (Signature) C.C. Umbrell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Abbeville S.C.

(Given name added from a supplemental report)

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

(27) Filed May 22 1923 (28) Miss Lelia M. Allen 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.