

(1) PLACE OF BIRTH

County of

Spartanburg

Township of

or

Inc. Town of

or

City of

Drayton Mill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91896

Registration District No. 4008

Registered No. 753

(For use of Local Registrar)

(2) Full Name of Child Marie May Hodges

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 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

C. N. Hodges

(9) PRESENT POSTOFFICE OF FATHER

Drayton, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Hawkes Co., Tenn.

(13) OCCUPATION

mill operation

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Horley

(15) PRESENT POSTOFFICE OF MOTHER

Drayton Mill

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Hawkes Co., Tenn.

(19) OCCUPATION

Housewife

(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 at 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

191...

Registrar

(26) Witness

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

(27) Filed

1916

(28)

E. F. Barker

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.

fifth month of pregnancy.

BUREAU OF COLUMBIA UNIVERSITY, No. 1, THE OTHER, No. 2, etc., in question 5.