

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

41916

Registration District No. 130 Registered No. 43
(For use of Local Registrar)
City of Darlington S.C. (No. St. Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child: Ross Julian Rhodes

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. 11, 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ross Rhodes

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

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Mail Carrier

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bailey

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Early

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

Given name added from a supplemental report

181.

Registrar

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

(27) Date Jan. 1, 1923 (28) Local Registrar: C. C. Early

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.