

12-10-40

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Charleston

Township of.....

or

Inc. Town of Paxville

or

~~State~~ South Carolina (No.....St.;.....Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 315

FILE No.—For State Registrar Only

00278

Registered No.....

(For use of Local Registrar)

2. FULL NAME OF CHILD William Eugene Hodge

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

3. Boy or Girl

If Plural births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date birth.....

June 12th, 1940

(Month, day, year)

Boy

5. Number, in order of birth.....

Full term.....

Married.....

9. Full name

FATHER

Jarrett Ashby Hodge

18. Name before marriage

MOTHER

Mary Estelle Barwick

10. Residence (mailing address)

(If non-resident, give place and State)

Paxville S.C.

19. Residence (mailing address)

(If non-resident, give place and State) Paxville S.C.11. Color or race white12. Age at child's birth 3 1/2 (years)20. Color or race white21. Age at child's birth 29 (years)

13. Birthplace (city or place)

(State or country)

Charleston S.C.
Charleston County

22. Birthplace (city or place)

(State or country)

Paxville S. Carolina
Charleston County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

own farm

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

House Keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

own home

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of birth and including this child) (a) Born alive and now living 2(b) Born alive but now dead 1

(c) Stillborn.....

28. If stillborn,

period of gestation.....

months

weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 3:45 p.m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) J. A. Hodge, ParentMillie Dallas midwife

Given name added from

a supplementary report.....

(Date of)

Address Paxville S.C.Filed Jan. 8th, 1941 M.B. Woodward, M.D.

Registrar.

Registrar.