

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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Clarendon</u>		STATE OF SOUTH CAROLINA		00278	
Township of.....		Bureau of Vital Statistics		Registered No.....	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of <u>Paxville</u>		Registration District No. <u>1315</u>		St.; Ward)	
or		(No. St.; Ward)		If child is not yet named, make supplemental report as directed.	
State <u>South Carolina</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)			
2. FULL NAME OF CHILD <u>William Eugene Hodge</u>					
3. Boy or Girl	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents	8. Date birth..... 19 <u>44</u>
<u>Boy</u>		5. Number, in order of birth.....	Full term.....	<u>yes</u>	<u>June 12th</u> (Month, day, year)
9. Full name <u>Jarrett Ashby Hodge</u>			18. Name before marriage <u>MARY ESTELLE BARWICK</u>		
FATHER			MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Paxville, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Paxville, S.C.</u>		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at child's birth <u>34</u> (years)			21. Age at child's birth <u>29</u> (years)		
13. Birthplace (city or place) <u>Paxville, S.C.</u> (State or country) <u>Clarendon county</u>			22. Birthplace (city or place) <u>Paxville, S. Carolina</u> (State or country) <u>Clarendon county</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House Keeper</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>own farm</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year last) engaged in this work			17. Total time (years) spent in this work		
19.....			19.....		
27. Number of children of this mother <u>12</u> (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (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 <u>Born alive</u> at <u>3:45 p.m.</u> 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) <u>J. A. Hodge</u> , Parent		
Given name added from a supplementary report.....			<u>Millie Dallas mid-wife</u>		
(Date of).....			Address <u>Paxville S.C.</u>		
Registrar.....			Filed <u>Jan. 8th.</u> , 19 <u>44</u> <u>M. B. Woodward, M.D.</u> Registrar.		