

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Barnwell
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

21840

Registration District No. 301 Registered No.
 (For use of Local Registrar)

(No. St. Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Allen Hodges

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

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 2, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Hodges
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Townsend
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE SC
 (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 white at 4:00 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell

Given name added from a supplement-
 al report

(26) Witness John A. Pate
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date July 16, 23 (28) Local Registrar John A. Pate

*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.