

(1) PLACE OF BIRTH

County of Laurens

Township of

or
Inc. Town ofCity of Laurens

(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

30936

Registration District No. 29 Registered No. 117

(For use of Local Registrar)

St. Fleming Ward 2(2) Full Name of Child Dorothy Cecile Rhodes

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 29, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Roy Rhodes(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Adams(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) 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 born alive at 5:30 a.m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) M. D. Rhodes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

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(26) Witness

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

(27) Filed 9/29/22 (28) M. D. Rhodes 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 still born. No report is desired of stillbirths before the fifth month of pregnancy.