

## (1) PLACE OF BIRTH

County of AndersonTownship of Wheeleror  
Inc. Town of .....or  
(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 B

File No.—For State Registrar Only

20856Registered No. 48

(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 Thomas D. Hodges If child is not yet named, make supplemental report as directed3 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 13, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME J. A. Hodges9 PRESENT POSTOFFICE OF FATHER Piedmont, S.C.10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 28 (Years)12 BIRTHPLACE S.C.13 OCCUPATION Farming20 Number of children born to mother, including present birth 3

## MOTHER.

14 NAME BEFORE MARRIAGE May Ellenburg15 PRESENT POSTOFFICE OF MOTHER Piedmont, S.C.16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 28 (Years)18 BIRTHPLACE S.C.19 OCCUPATION Domestic21 Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:45 AM., on the date above stated. (Born) live or stillborn (Hour, A. M. or P. M.)(23) (Signature) J. R. Campbell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed July 21, 1922 (28) H. J. Fleming 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 stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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