

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Hammett

(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

Registration District No. 20-A Registered No. 384

(For use of Local Registrar)

(No. 2708 Kiffin St.; Ward)(2) Full Name of Child Paul Odon If child is not yet named, make supplemental report as directed

(3) SEX Child <u>Girl</u>	(4) Type or Triple? <u>No</u> To be answered only in case of Twin or Triple	(5) Number in order of birth <u>6</u>	(6) Age in months <u>46</u>	(7) DATE OF BIRTH <u>Dec 1 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Willis Odon(9) PRESENT POSTOFFICE OF FATHER Hammett(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 47 (Year)(12) BIRTHPLACE Darlington Co(13) OCCUPATION A.R. Employer

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Weathersford(15) PRESENT POSTOFFICE OF MOTHER Hammett(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Darlington Co(19) OCCUPATION H.W.(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Signative or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. F. L. L. L. (24) State whether Physician or Midwife (25) A. M. or P. M.

Given name added from a supplemental report

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

(27) Filed Dec 3 23 (28) P. H. Brydman

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See MARK the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF STATISTICS, COLUMBIA, S. C.