

(1) PLACE OF BIRTH

County of OconeeTownship of Centeror
Inc. Town of.....or
City of.....(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.....

File No.—For State Registrar Only

31497

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2400 Registered No. 122

(For use of Local Registrar)

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

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>9 17 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME J. W. Rhodes9) PRESENT POSTOFFICE OF FATHER Westminster10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 44
(Year)12) BIRTHPLACE S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Mary Lant15) PRESENT POSTOFFICE OF MOTHER Westminster16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 33
(Year)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) 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..... nt..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Webb

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 19 1922 (28) A. P. Martin
Registrar Local RegistrarWhen 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.

WHEN PLAINLY, WITH LEADING INDICIES IN A PREVIOUS RECORD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FINGER-PRINT, No. 1. THIS OFFICE, No. 2, etc., in question 6.

MADE IN COLUMBIA, S. CAROLINA.