

(1) PLACE OF BIRTH

County of *Anderson*Township of *Buckley Creek*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17514

Registration District No. *302* Registered No. *60*

(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. *Mildred Lucile Hood* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

June 8, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *O. Herman Hood*(9) PRESENT POSTOFFICE OF FATHER *Greenville R#7*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *38*
(Years)(12) BIRTHPLACE *Anderson Co SC*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Six*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nora Vaughan*(15) PRESENT POSTOFFICE OF MOTHER *Greenville SC R#7*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *31*
(Years)(18) BIRTHPLACE *Greenville Co*(19) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth *Six*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *5:40 a* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. P. Hammond M.D.*

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

Easley SC R#7

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness

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

(27) Filed *July 11, 1922* (28) *J. P. Hammond* 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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Local Registrar.

J. P. Hammond