

(1) PLACE OF BIRTH

County of Carleton

Township of Beck

or

Inc. Town of

or

City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41817

Registration District No. 1401 Registered No. 66
(For use of Local Registrar)

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 Carrie Bell Hodges 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	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twin or Triplet		yes	Sept 22, 1922 (Name of Month) (Day) (Year)

(9) FULL NAME Herb Hodge
 (9) PRESENT POSTOFFICE OF FATHER Imperial - d C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE California
 (13) OCCUPATION Hammering
 (20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Rosa Hadger

(15) PRESENT POSTOFFICE OF MOTHER Imperial Co

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Ballston Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth {

(22) I hereby certify that I attended the birth of this child, who was born alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) Mary Salley
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
mid wife Lincolnton, SC

Given name added from a supplemental report

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

(27) Filed Jan 2 1923. (28) R. V. Breland
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.