

(1) PLACE OF BIRTH
 County of Anderson
 Township of Forest
 or
 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.)
 Registration District No. 305 Registered No. 61
 (For use of Local Registrar)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
 (4) Twin or Triplet? ✓
 (5) Number in order of birth 9
 (6) Are Parents Married? yes
 (7) DATE OF BIRTH June 5, 1916
To be answered only in case of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Baxter A. Hodgson
 (9) PRESENT POSTOFFICE OF FATHER Townville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Anderson Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Zimmerman
 (15) PRESENT POSTOFFICE OF MOTHER Townville SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Anderson Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. A. Pappert
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson SC

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 June 10, 1916 (28) R. G. McBlain
 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.
 M.C.C.