

(1) PLACE OF BIRTH
County of Anderson
Township of First
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
63010

Registration District No. 305 Registered No. 61
(For use of Local Registrar)
St.; Ward)
(No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 8, 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.
(8) FULL NAME Baxter A. Hodgson (14) NAME BEFORE MARRIAGE Emmer Zimmerman
(9) PRESENT POSTOFFICE OF FATHER Townville SC (15) PRESENT POSTOFFICE OF MOTHER Townville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE Anderson Co SC (18) BIRTHPLACE Anderson Co SC
(13) OCCUPATION Farmer (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 9 (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.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Pappier
(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.

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FORM NO. 4. NEWBORN REGISTRABLE IN THE SEVENTH MONTH. WHEN IN A HOSPITAL FOR EACH CHILD, AND MARK THE NUMBER OF THE CHILD. WHEN UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF THE CHILD. WHEN UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF THE CHILD. WHEN UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF THE CHILD.