

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cross Anchor

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

5245

or  
 Inc. Town of .....

Registration District No. 4005

Registered No. 9  
 (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 Robert Earl Rhodes (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 5 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Paul Erasmus Rhodes(9) PRESENT POSTOFFICE OF FATHER Ermore, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION Cotton Mill work(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Kate Wilson(15) PRESENT POSTOFFICE OF MOTHER Ermore, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Rocky Co. Tenn(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6:00 P.M. on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(22) (Signature) C. D. Hamman(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Ermore, S.C.

Given name added from a supplemental report

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

(26) Filed Feb 6 1923 (27) Local Registrar C. D. Hamman

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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