

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
Township of Yorring
or
In. 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
86401

Registration District No. 2908 Registered No. 82
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Allen Rhoads } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 25, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Rhoads

(9) PRESENT POSTOFFICE OF FATHER Goodruff

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Laurens

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Osborne

(15) PRESENT POSTOFFICE OF MOTHER Goodruff SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Laurens Co.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. W. West (24) State whether Physician or Midwife (25) Address of Physician or Midwife Goodruff

Given name added from a supplemental report

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

(27) Filed 12/12, 1916 (28) J. P. Harris 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.