

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only  
30213County of *Marion*Township of *Cross Church*

or Town of .....

City of .....

Registration District No. *4003*Registered No. *74*

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

## (7) Full Name of Child .....

If child is not yet named, make supplemental report as directed

2 SEX OR GUILD

*Child*

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

*23 Feb 23*

To be answered only in event of Twin or Triplet

## FATHER.

## MOTHER.

8 FULL NAME

*Willie Rodgers*

(14) NAME BEFORE MARRIAGE

*Ada Hughes*

9 PRESENT POSTOFFICE OF FATHER

*4003 Cross Church St. C.*

(15) PRESENT POSTOFFICE OF MOTHER

*Cross Church St. C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*18*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*18*

(12) BIRTHPLACE

*Stacy Co.*

(18) BIRTHPLACE

*Stacy Co.*

(13) OCCUPATION

*Cotton Millwork*

(19) OCCUPATION

*Domestic Farm work*

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

*1*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *8 P.* M., on the date above stated. (Born alive or stillborn Hour . M. or P. M.)

(23) (Signature)

*C. D. Hanna*

(24) State whether Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Sept 17 1920*

(28)

*C. D. Hanna*

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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