

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <u>Sumter</u>		STATE OF SOUTH CAROLINA		20316	
TOWNSHIP OF <u>Prestatler</u>		Bureau of Vital Statistics			
OR		State Board of Health			
INC. TOWN OF.....		Registration District No. <u>4.1.6.4</u>		Registered No. <u>50</u>	
OR				(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 <u>George Kodge</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Willie Kodge</u>			(14) NAME BEFORE MARRIAGE <u>Anna Gullings</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Tindal St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tindal St</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Sumter Co.</u>			(18) BIRTHPLACE <u>Sumter Co</u>		
(13) OCCUPATION <u>Farmer.</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mrs. Minnie Kodge</u>		(25) Address of Physician or Midwife <u>Sumter Co. S. C.</u>			
(24) State whether Physician or Midwife <u>midwife</u>		(26) Witness <u>Thomas Brogan</u> (Signature of Witness necessary only when question 23 is signed by mark)			
Given name added from a supplemental report		(27) Filed <u>June 30, 1922</u> (28) <u>James Brogan</u> 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.

OK