

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Columbia STATE OF SOUTH CAROLINA.Township of Proctor Bureau of Vital Statistics
State Board of HealthInc. Town of or Registration District No. 1300 Registered No. 15
(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 Lithia Dodge { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 24 1914
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Lith Dodge
(9) PRESENT POSTOFFICE OF FATHER Forestville
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Columbia
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { /MOTHER.
(14) NAME BEFORE MARRIAGE Edith Ruhlberg
(15) PRESENT POSTOFFICE OF MOTHER Forestville
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION DOM
(21) Number of children of this mother now living, including present birth { /

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) John Ruhlberg, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 after 191..... (28) M. T. D. Smith 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.

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.

McCaw, of Columbia.

File No. — For State Registrar Only
76412