

(1) PLACE OF BIRTH
County of Polk
Township of Reidville
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79309

Registration District No. 4547 Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child

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 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 9 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Herbert Sexton

(14) NAME BEFORE MARRIAGE Emma Lenora Roddy

(9) PRESENT POSTOFFICE OF FATHER Greer R-1

(15) PRESENT POSTOFFICE OF MOTHER Greer R-1

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Duncan S.C.

(18) BIRTHPLACE Reidville - S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) James Roddy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greer R-1

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1916

(28)

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.