

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of Greenville

(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

4253

Registration District No. 22ARegistered No. 61

(For use of Local Registrar)

(2) Full Name of Child

Mary Hays Rhoden

(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

Jan 19 22

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8) FULL NAME

Homer A. Rhoden

14) NAME BEFORE MARRIAGE

Miss Stacy Hadden

9) PRESENT POSTOFFICE OF FATHER

1017 E. North

15) PRESENT POSTOFFICE OF MOTHER

South

10) COLOR OR RACE

W

11) AGE AT LAST BIRTHDAY

22

16) COLOR OR RACE

W

17) AGE AT LAST BIRTHDAY

29

12) BIRTHPLACE

SC

18) BIRTHPLACE

GA

13) OCCUPATION

Life Ins work

19) OCCUPATION

housewife

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 alive or stillborn

or the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician 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 Feb 13 19 22(28) E. 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.