

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity 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

8622

Registration District No. 4009

Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Esther Rhodes

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Twins</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Williamie Rhodes</u>			(14) NAME BEFORE MARRIAGE <u>Eva Rogers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greene S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner A. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg S.C.</u>			(18) BIRTHPLACE <u>Spartanburg S.C.</u>	
(13) OCCUPATION <u>Farmers</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born as live on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. H. McCord

(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 Apr 10 1923

(28)

Chas. L. Boyte
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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