Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg

Township of Pacolet

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
30233

Registration District No. 4006 Registered No. 126
(For use of Local Registrar)

(2) Full Name of Child Clyde Wm Hodge

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 9-16- (Name of Month) (Day) 1923 (Year)

FATHER.

(8) FULL NAME J. Berry Hodge

(9) PRESENT POSTOFFICE OF FATHER Trough S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Millwork

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Lipscomb

(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 9. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Lukabaluk

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife M. D. Pacolet, S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct 11 1923 (28) M. W. Brown
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.

WHITE PLANES. WITH UNDERSIDES ARE—THIS IS AN EXPERIMENT BECAUSE
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.