

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 MEDICAL COLUMBIA, B. C.

(1) PLACE OF BIRTH

County of *Sumter*
 Township of *Privateer*
 or
 Inc. Town of
 or
 City of

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

Registration District No. *4108*

File No.—For State Registrar Only
32458

Registered No. *118*
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Infant Hodge*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 24 27*
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME *Harmon Hodge*
 (9) PRESENT POSTOFFICE OF FATHER *Undal se*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39*
 (12) BIRTHPLACE *Sumter Co*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *Eleven*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ada Giddings*
 (15) PRESENT POSTOFFICE OF MOTHER *Undal se*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *36*
 (18) BIRTHPLACE *Sumter Co*
 (19) OCCUPATION *House wife*
 (21) Number of children of this mother now living, including present birth *Eight*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) *Mrs. Harrietta Hodge*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Undal se*

Given name added from a supplemental report

(26) Witness *Thomas D. Spaw*
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Sept 30 27* (28) *Geo S. Gordon*
 Registrar 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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