

(1) PLACE OF BIRTH

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County of Granville

Township of Hodge

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30583

Registration District No. 307 Registered No. 59
(For use of Local Registrar)

(No. St. Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(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? 1 5) Number in order of birth 3 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 6 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. M. Cummings

9) PRESENT POSTOFFICE OF FATHER Hodge SC

10) COLOR OR RACE Blk 11) AGE AT LAST BIRTHDAY 48
(Years)

12) BIRTHPLACE Hodge SC

13) OCCUPATION Farmer

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

MOTHER.

14) NAME BEFORE MARRIAGE Carrie Lewis

15) PRESENT POSTOFFICE OF MOTHER Hodge SC

16) COLOR OR RACE Blk 17) AGE AT LAST BIRTHDAY 35
(Years)

18) BIRTHPLACE Hodge SC

19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:20 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) J. M. Hale (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hodge SC

Given name added from a supplemental report

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

(27) Filed Sept 8 1922 (28) S. S. Brissie
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.