

## (1) PLACE OF BIRTH

County of Bainbridge

Township of .....

or  
Inc. Town of Bainbridgeor  
City 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

71351

Registration District No. 4ARegistered No. W  
(For use of Local Registrar)

## 2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE BIRTH Aug. 1, 1916  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Mr. Roder(14) NAME BEFORE MARRIAGE Anna Broady(9) PRESENT POSTOFFICE OF FATHER Bainbridge(15) PRESENT POSTOFFICE OF MOTHER Bainbridge(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24.5 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Bainbridge(18) BIRTHPLACE W. Va.(13) OCCUPATION Carpenter(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(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 born at Bainbridge at 11:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) John Black(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bainbridge

Given name added from a supplemental report

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

(27) Filed 8/5 1916 (28) John Cooner 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.

before the fifth month of pregnancy

WHEN FILING WITH UNPAID INK—THIS IS A PERMANENT RECORD  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRSTBORN, No. 1, the SECOND, No. 2, etc., in question 5.