

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Harbottleor  
Inc. Town of .....or  
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

41976

Registration District No. .... Registered No. ....  
(For use of Local Registrar)City of ..... (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 Clara Dale Odum } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 25, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME E. Lom Odum(9) PRESENT POSTOFFICE OF FATHER Harbottle SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Young(15) PRESENT POSTOFFICE OF MOTHER Harbottle SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) 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 alive at 11:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William L. Blythe (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Housewife

Given name added from a supplemental report

..... 181.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Jan 1, 23 (28) W. M. Kogee 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.

Registrar

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