

(1) PLACE OF BIRTH

County of AikenTownship of Shaw

Inc. Town of _____

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. 20711 For State Registrar OnlyRegistration District No. 211 Registered No. _____

(For use of Local Registrar)

(2) Full Name of Child Willie Dale Roden If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28, 1922

FATHER.

(8) FULL NAME George Roden(9) PRESENT POSTOFFICE OF FATHER Fenton R7d(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Edgefield SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Missie Franklin(15) PRESENT POSTOFFICE OF MOTHER Fenton R7d(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Edgefield SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Walker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

John Stone, SC

Given NAME added from a supplemental report

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

(27) Filed Aug 1, 1922 (28) M. F. Wharton 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.