

(1) PLACE OF BIRTH

County of Beaufort
 Township of Bluffton
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. 58765 For State Registrar Only

Registration District No. 601 Registered No. 15
 (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 James Hodges } 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 (6) Are Married Parents Married? (7) DATE OF BIRTH March, 31, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward E. Hodges
 (9) PRESENT POSTOFFICE OF FATHER Palmetto Bluff, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE Beaufort County, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eve Hubbard
 (15) PRESENT POSTOFFICE OF MOTHER Palmetto Bluff, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Beaufort County, S.C.
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Annie Perckney
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Palmetto Bluff, S.C.

Given name added from a supplemental report

(26) Witness W. J. Tripp
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 22, 1916 (28) W. J. Tripp
 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A, B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.