

(1) PLACE OF BIRTH

County of SpokaneTownship of Campbellor
In Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Joseph P. Rhinehart

File No.—For State Registrar Only

15852

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4001-A Registered No. 201
(For use of Local Registrar)(No. 2 of 1 St.; Ward)

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

1 SEX OR CHILD Boy 2 Twin or Triplet C 3 Number in order of birth 4 Are Parents Married Yes 5 DATE OF BIRTH Mar 16 1923
(Name of Month) (Day) (Year)

FATHER.

1 FULL NAME C. H. Rhinehart2 PRESENT POSTOFFICE OF FATHER Campbell S.C. #23 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)4 BIRTHPLACE N.C.5 OCCUPATION Farmer6 Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Barnett(15) PRESENT POSTOFFICE OF MOTHER Campbell S.C. #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was Alive at 8:45 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(20) (Signature) T. E. Morrow(21) State whether Physician or Midwife Physician(22) Address of Physician or Midwife Campbell S.C.

Given name added from a supplemental report

(23) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(24) Filed June 1 1923 (25) C. L. Mayberry
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.

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