

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Clinton
 or
 Inc. Town of Enoree, S.C.
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
79258

Registration District No. 4003 Registered No. 82
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) Sex or Birth Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6, 1916
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Harmon Rhodes (14) NAME BEFORE MARRIAGE Electa Rhodes
 (9) PRESENT POSTOFFICE OF FATHER Enoree, S.C. (15) PRESENT POSTOFFICE OF MOTHER Enoree, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Spartanburg, S.C. (18) BIRTHPLACE Spartanburg, S.C.
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife
 (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 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ch. Hanna
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Enoree, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 6, 1916 (28) Ch. Hanna 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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