

## (1) PLACE OF BIRTH

County of Barnwell

Township of .....

Inc. Town of Blackville

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

Registration District No. 5-A

File No. — For State Registrar Only

84378

Registered No. 25

(For use of Local Registrar)

(2) Full Name of Child Alma Odum

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov 23</u> (Name of Month) (Day) (Year)
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FATHER:		MOTHER:	
(8) FULL NAME <u>?</u>	(14) NAME BEFORE MARRIAGE <u>Cramer Odum</u>	(10) PRESENT POSTOFFICE OF FATHER <u>?</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Blackville, S.C., R.</u>
(9) COLOR OR RACE <u>?</u>	(11) AGE AT LAST BIRTHDAY <u>?</u> (Years)	(17) COLOR OR RACE <u>colored</u>	(19) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>?</u>	(15) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>?</u>	(20) OCCUPATION <u>Farm Hand</u>
(21) Number of children born to mother, including present birth <u>One</u>	(22) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 M. on the date above stated. (Signed) [Signature] (Place A, B, or P. M.)(23) State whether Physician Physician (24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Dec 10 1916 (28) E. O. Hammond Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.