

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

City of Spartanburg
 County of Hoodruff

Registration District No. 4009 Registered No. 69
 (For use of Local Registrar)

Full Name of Child Myrtle Rhodes If child is not yet named, make supplemental report as directed

(1) Sex Female (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH June 28 28
 (Name of Month) (Day) (Year)

FATHER
 (14) FULL NAME Joe Rhodes
 (15) PRESENT RESIDENCE OF FATHER Hoodruff, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Spartanburg Co.
 (19) OCCUPATION Farmer
 Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Coleman Threlk
 (15) PRESENT POSTOFFICE OF MOTHER Hoodruff, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Union Co.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) A. H. White
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Hoodruff, S.C.

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed July 9 1928 (27) Local Registrar Chas. L. Dwyer

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