

## (1) PLACE OF BIRTH

County of DurhamTownship of BeaverdamOR  
Inc. Town of.....OR  
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

File No.—For State Registrar Only

39241

3102

Registration District No..... Registered No.....

(For use of Local Registrar)

(2) Full Name of Child: Rhoda

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>X</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 19 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Emil E. Rhoda(9) PRESENT POSTOFFICE OF FATHER Spartanburg SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Danville SC(13) OCCUPATION Labour Box Factory(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Still(15) PRESENT POSTOFFICE OF MOTHER no 9(16) COLOR OR RACE no 10 (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE no 12(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. C. Brooks M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report

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

(27) Filed Nov 21 1922 (28) 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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N. 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.

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