

Form No. 3

23 048051

1. PLACE OF BIRTH
 County of Sumter
 Township of Providence
 or
 Inc. Town of Sumter
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

FILE NO.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4105 Registered No.
 (For use of Local Registrar)2. FULL NAME OF CHILD Zada Hodge { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth <u>10</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>November 1, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8. FULL NAME <u>Harmon Patrick Hodge</u>	14. NAME BEFORE MARRIAGE <u>Zada Geddings</u>		

9. ADDRESS AT CHILD'S BIRTH <u>Sumter S.C.</u>	15. ADDRESS AT CHILD'S BIRTH <u>Sumter, S.C.</u>
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10. COLOR OR RACE <u>white</u>	11. AGE AT CHILD'S BIRTH <u>40</u> (Years)	16. COLOR OR RACE <u>white</u>	17. AGE AT CHILD'S BIRTH <u>37</u> (Years)
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12. BIRTHPLACE <u>Sumter County - S.C.</u>	18. BIRTHPLACE <u>Sumter County, S.C.</u>
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13. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>House Wife</u>
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20. Number of children born to mother, including present birth <u>Ten</u>	21. Number of children of this mother now living, including present birth <u>None</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at 100 M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Thos. W. Gunter24. State whether Physician or Midwife | 25. Address of Physician or Midwife
Physician | Payville, 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 April 5, 19 44 28. L. A. Riser, M. D.
 Registrar 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.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

3-16-44
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