

Form No. 3

23 048051

1. PLACE OF BIRTH

County of SumterTownship of Providenceor
Inc. Town of Sumteror
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4105

FILE NO.

Registered No.
(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

Zada Hodge

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

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth 106. Are Parents Married? yes

7. DATE OF BIRTH

December 1, 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Harmon Patrick Hodge

9. ADDRESS AT CHILD'S BIRTH

Sumter S.C.10. COLOR OR RACE white11. AGE AT CHILD'S BIRTH 40 (Years)

12. BIRTHPLACE

Sumter County - S.C.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

Ten

MOTHER

14. NAME BEFORE MARRIAGE

Zada Geddings

15. ADDRESS AT CHILD'S BIRTH

Sumter, S.C.16. COLOR OR RACE white17. AGE AT CHILD'S BIRTH 37 (Years)

18. BIRTHPLACE

Sumter County, S.C.

19. OCCUPATION

House Wife

21. Number of children of this mother now living, including present birth

None

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

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

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26. Witness

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

27. Filed April 5, 19 4428. L. A. Riser, 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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