

FORM NO. 7

MAKING 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 8.

City of Columbia

(1) PLACE OF BIRTH

County of Darlington

Township of Darlington

Inc. Town of

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

42871

Registration District No. 2010

Registered No. 128

(For use of Local Registrar)

(2) Full Name of Child John Franklin Rhodes

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

(3) SEX OR

(4) Twin or triplet?

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH

(To be answered only in case of twins or triplets)

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Franklin Rhodes

(14) NAME BEFORE MARRIAGE Virgie Ophelia Earhart

(9) PRESENT POSTOFFICE OF FATHER Darlington

(15) PRESENT POSTOFFICE OF MOTHER Darlington

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Darlington Co.

(18) BIRTHPLACE Darlington Co.

(13) OCCUPATION Mechanic

(19) OCCUPATION Florist wife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Mary G. G. G.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 111 MONSIEUR ST.

Given name added from a supplemental report

(26) Witness W. S. Cook

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

Registrar

(27) Filed ..... (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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