

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.

NEGATIVE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Lancaster Sc
Township of Burford
or
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
15507

Registration District No. 2500 Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child Samuel J. Hood
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH May 27 19 22
(Name of Month (Day) (Year))

FATHER
(8) FULL NAME John J. Hood
(9) PRESENT POSTOFFICE OF FATHER Lancaster Sc
(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 40 (Year)
(12) BIRTHPLACE

(13) OCCUPATION farming
(20) Number of children born to mother, including present birth 19 children

MOTHER
(14) NAME BEFORE MARRIAGE Bessie Crockett
(15) PRESENT POSTOFFICE OF MOTHER Lancaster Sc
(16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 39 (Year)
(18) BIRTHPLACE

(19) OCCUPATION farming
(21) Number of children of this mother now living, including present birth 19 children

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

(23) (Signature) Rachel G. Hood (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rt 5

Given name added from a supplemental report
(26) Witness Maggie Crawford (Signature of Witness necessary only when question 23 is signed by mark)

..... 19 Registrar (27) Filed May 27 19 22 (28) A. M. H. H. H. 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.