

Form No. 2

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

27855

County of ClarendonSTATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthTownship of Clarendon MillRegistration District No. 13.4 Registered No. 28

or

(For use of Local Registrar)

Inc. Town of

City of

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jimmie Louise Hodge If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 3/1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

(8) FULL NAME Albert Hodge(9) PRESENT POSTOFFICE OF FATHER Alcolu R. I. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION R. F. D. Carrier(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Nannie Michels(15) PRESENT POSTOFFICE OF MOTHER Alcolu R. I. S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (years) 22(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother; now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) \_\_\_\_\_  
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. L. R. Idem  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Sept 24, 1923 (28) R. E. Thompson  
Local Registrar.19. \_\_\_\_\_  
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.