

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only
5057Registration District No. 38thRegistered No. 139
(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 Mason Josephus Odum (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>9</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 2 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wiley Benson Odum(9) PRESENT POSTOFFICE OF FATHER 1731 Bladensburg(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE GA(13) OCCUPATION Jeweler(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Lee(15) PRESENT POSTOFFICE OF MOTHER 1731 Bladensburg(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Wla(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated. (Hour * M. or P. M.)(23) (Signature) R. J. Jennings M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed March 9, 1923 (28) W. J. Odum 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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