

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokeeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 22611 for State Registrar OnlyRegistration District No. 1505 Registered No. 56
(For use of Local Registrar)(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 Clarence Rhodes If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 7, 1925
(Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Mary Rhodes (14) NAME BEFORE MARRIAGE Marie Robinson(9) PRESENT POSTOFFICE OF FATHER Edwards, S.C. (15) PRESENT POSTOFFICE OF MOTHER Edwards, S.C.(16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (12) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years) (Years)(13) BIRTHPLACE Spartanburg Co. (18) BIRTHPLACE Spartanburg Co.(19) OCCUPATION Cotton Mill work (20) OCCUPATION Domestic(21) Number of children born to mother, including present birth 2 (22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7 P.M. on the date above stated. (Hour A. M. or P. M.)(24) (Signature) C. S. Hanna (25) Address of Physician or Midwife Edwards, S.C.(26) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(28) Filed July 7, 1925 (29) C. S. Hanna 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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