

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Harriett
 Township of Green Sea
 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.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
30313
 Registration District No. 2506 Registered No. 87
 (For use of Local Registrar)

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

(2) <u>boy or girl</u> <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9/27/23</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Black Hodge</u>			(14) NAME BEFORE MARRIAGE <u>Jane Sales</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Tabor Co. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tabor Co</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>W</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>Harriett Co. S.C.</u>			(18) BIRTHPLACE <u>Harriett Co. S.C.</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>house wife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Tabor Co

Given name added from a supplemental report

 Registrar

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

(27) Filed Nov 28 1923 (28) [Signature] 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.