

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Limestoneor
Inc. Town of Woffordor
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

92716

Registration District No. 3611Registered No. 2
(For use of Local Registrar)(2) Full Name of Child Jane Urbana Hodges

If child is not yet named, make supplemental report as directed

(3) ~~Is~~ GIRL?

(4) Twin or triplet?

(5) Number in order of birth
(to be answered only in case of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH June 3, 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joseph Whyteman Hodges(9) PRESENT POSTOFFICE OF FATHER Wofford, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Near Myer, S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth Two(14) NAME BEFORE MARRIAGE Hattie Agnes Culler(15) PRESENT POSTOFFICE OF MOTHER Wofford, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Raymond, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/18

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(28)

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THIS OFFICE, No. 2, etc., in question 5.
McCauley of Columbia.