

(1) PLACE OF BIRTH  
 County of Hampton  
 Township of Edisto  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only  
**90265**

Registration District No. 2400 Registered No. 131  
 (For use of Local Registrar)  
 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 Eddie Gertrude Rhodes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Julius C. Rhodes

(9) PRESENT POSTOFFICE OF FATHER Edisto S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Hampton County

(13) OCCUPATION Blacksmith

(20) Number of children born to mother, including present birth Two

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ellen Britton

(15) PRESENT POSTOFFICE OF MOTHER Edisto S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Williamsburg

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Normal at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) D. Joseph Johnston, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Edisto 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 Dec 9 1916 (28) H. S. Jenkins 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.

McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.