

(1) PLACE OF BIRTH

County of Union
 Township of Boysville
 or
 Inc. Town of
 or
 City of Buffalo S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

92075

Registration District No. 4-2-13 Registered No. 92
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child Nellie Rodes

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No
 (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 8th
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Will Rodes
 (9) PRESENT POSTOFFICE OF FATHER don't no
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE Ga

(13) OCCUPATION Mill Work
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Earnest Hill
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE N.C.

(19) OCCUPATION Mill Work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Mrs. W. A. Murphy
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

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

Registrar

(27) File Jan 3 1917 (28) J. L. Rodgers 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.