

IN PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—for State Registrar Only

37871

County of Greenville

Township of Greenville

or  
In Town of Buffalo

Registration District No. 42B

Registered No. 117

(For use of Local Registrar)

City of Buffalo (No. 117 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child James Everett Hodges

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

1. SEX

(a) Twin or triplet? no

(b) Number in order of birth 1

(c) Are Parents Married? yes

(d) DATE OF BIRTH Nov 16 1923

(Name of Month) (Day) (Year)

2. FATHER

FATHER

3. FULL NAME

H. J. Hodges

4. PRESENT POSTOFFICE OF FATHER

Buffalo S.C.

5. COLOR OR RACE

White

(ii) AGE AT LAST BIRTHDAY 32

(Years)

6. BIRTHPLACE

Clarendon Co

7. OCCUPATION

mill work

8. Number of children born to mother, including present birth

Three

(14) NAME BEFORE MARRIAGE Lucie Moore

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE

Tanner Co

(19) OCCUPATION

Housewife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born stillborn on the date above stated.

(23) (Signature) [Signature]

(24) Name of other Physician or Midwife

(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 10 1923

(28) J. F. [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.

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