

1) PLACE OF BIRTH

County of Berkley

City of Atlanta

or  
Town of .....

or  
Day of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

Registration District No. 707

16827

Registered No. 18  
(For use of Local Registrar)

2) Full Name of Child Frederick Hodson

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

3) SEX Boy 4) Type Free 5) Number in order of birth 1 6) Date of birth June 2, 23

FATHER  
Full Name Wm Hodson

Present Post Office of Father Wando SC

7) COLOR Col 8) AGE AT LAST BIRTHDAY 40 (Years)

9) BIRTHPLACE Berkley

10) OCCUPATION Law at Freshly

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

MOTHER  
12) NAME BEFORE MARRIAGE Joan Gray

13) PRESENT POST OFFICE OF MOTHER Wando SC

14) COLOR Col 15) AGE AT LAST BIRTHDAY 30 (Years)

16) BIRTHPLACE Berkley

17) OCCUPATION at Home

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(20) (Signature) Rebecca Handerkost

(21) State whether Physician or Midwife Midwife

(22) Address of Physician or Midwife Wando SC

Given name added from a supplemental report

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

(24) Date June 2, 23 (25) Local Registrar Wando SC

When there was no attending physician or midwife, then the father, mother, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No return is desired of stillbirths before the fifth month of pregnancy.