(1) PLACE OF BIRTH

County of Darlington

Township of Lamar

or

Inc. Town of ..... Registration District No. 1.5.0.2 Registered No. .....
(For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)
(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
39085

(2) Full Name of Child Mollie Rhodes

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet? —

(5) Number in order of birth —

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 8 1915
(Name of Month) (Day) (Year)

**FATHER.**

(9) FULL NAME William Rhodes

(8) PRESENT POSTOFFICE OF FATHER Darlington R-4

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bernice Bennett

(15) PRESENT POSTOFFICE OF MOTHER Darlington R-4

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION House keeper

(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 (Hour A. M. or P. M.) A. M., on the date above stated.

(23) (Signature) Mollie X Barnwell

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Darlington R-4

Given name added from a supplemental report

..... 19..

Registrar

(26) Witness C. A. Early
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/9 1915 (28) C. A. Early
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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Form No. 10.

WARNING: RESERVED FOR BINDING.

WE ARE PLEASED, WHEN INK ABOVE DRY, THIS IS A PERMANENT RECORD.

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