

Form No. 1

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Cadmus Spring  
 Inc. Town of .....  
 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

26782

Registration District No. 103 Registered No. 17  
 (For use of Local Registrar)

(2) Full Name of Child John Mark Woods (If child is not yet named, make supplemental report as directed)

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 13 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 19 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mittie Woods  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Abbeville  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Maryout Bell Jordan  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Abbeville S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Jane Jordan(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

(26) Filed Sept 19 23 (27) Allen Ramsey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.