

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		16 092977	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only	
Township of <u>Merren</u>		Bureau of Vital Statistics		00248	
or		State Board of Health			
Inc. Town of <u>Starr</u>		Registration District No. <u>313</u>		Registered No.	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number)					
2. FULL NAME OF CHILD <u>John Elihu Wofford, Jr.</u> { If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>Boy</u>	If Plural birth	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <input checked="" type="checkbox"/> Full term <input checked="" type="checkbox"/>	7. Are Parents Married <input checked="" type="checkbox"/>
			8. Date of birth <u>9-29</u> , 19 <u>46</u> (Month, day, year)		
9. Full name FATHER <u>John Elihu Wofford Jr.</u>			18. Full maiden name MOTHER <u>Maie Maie Pruitt</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Starr, S.C.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Starr, S.C.</u>		
11. Color or race <u>white</u>			12. Age at last birthday <u>31</u> (years)		
20. Color or race <u>W</u>			21. Age at last birthday <u>22</u> (years)		
13. Birthplace (city or place) (State or country) <u>Anderson Co. S.C.</u>			22. Birthplace (city or place) (State or country) <u>Anderson Co. S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mgr. store</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year) last engaged in this work <u>9-29</u> , 19 <u>41</u>			17. Total time (years) spent in this work <u>5</u>		
25. Date (month and year) last engaged in this work <u>the present</u>			26. Total time (years) spent in this work <u>2</u>		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation..... { months weeks } 29. Cause of stillbirth..... Before labor..... During labor.....					
Specify any physical deformities of child at birth.					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Born alive 1030</u> M. on the date above stated. (Born alive or stillborn)					
{ When there was no attending physician } { or midwife, then the father, householder, } { etc., should make this return. }					
(Signed) <u>J. N. Land</u> , M.D.					
or....., Midwife					
Given name added from a supplemental report..... (Date of)..... Address <u>Anderson, S.C.</u>					
Filed <u>10/30/41</u> , 19..... M.B. Woodward, M.D., Registrar.					