

16 092977

FILE No.—For State Registrar Only
00248

1. PLACE OF BIRTH

County of Anderson
Township of Verenex
or
Inc. Town of Starr
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 313 Registered No.
(For use of Local Registrar)(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

John Eliku Wofford, Jr. { 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	7. Are Parents <u>Married</u>	8. Date of birth <u>9-29</u> , 19 <u>46</u> (Month, day, year)	
9. Full name of FATHER <u>John Eliku Wofford Jr.</u>				18. Full maiden name of MOTHER <u>Maizie Marie 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 spy, 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>			
18. 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 born alive 10:30⁰⁰ 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) J. N. Land, M.D.Given name added from
a supplemental report

or, Midwife

(Date of)

Address Anderson, S.C.Filed 10/30/41, 1941 M. B. Woodward, M.D.

Registrar.

Registrar.

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.)