

## (1) PLACE OF BIRTH

County of Charleston, S.C.Township of Rowlandor  
Inc. Town of .....

City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

12108Registration District No. 4117 Registered No. 11  
(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 Lorrie Corday Wood 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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 1 1923  
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME John L Wood(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7**MOTHER.**(14) NAME BEFORE MARRIAGE Tenette Wood Biddle(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. Marchant(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Feb 11 19 23 (28) R. L. Marchant 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.