

(1) PLACE OF BIRTH

County of Charleston Co.
Township of Rowlandville
or
Inc. Town of

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

File No.—For State Registrar Only
12108

Registration District No. 4117 Registered No. 11
(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 Lorrie Cordey Wood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 19 23
(Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME John D Wood
(9) PRESENT POSTOFFICE OF FATHER Rowlandville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Charleston Co
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Tenetic Deed Builders
(15) PRESENT POSTOFFICE OF MOTHER Rowlandville
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Charleston Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) 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.)

(22) (Signature) R L Marchant M.D.
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Rowlandville

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(26) Filed Feb 19 1923 (27) Local Registrar [Signature]

*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.