

(1) PLACE OF BIRTH

County of YorkTownship of Bushy

or Inc. Town of

or City of

(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

2475

Registration District No. 40002Registered No. 5

(For use of Local Registrar)

Ward) St.

2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) DOES CHILD?	(4) Twins or Triplet? To be marked only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
				<u>Jan 13 20</u>
FATHER.			MOTHER.	
(8) FULL NAME	(9) NAME BEFORE MARRIAGE			
<u>W. G. Luther Wood</u>	<u>Winnie Beuley</u>			
(10) PRESENT POSTOFFICE OF FATHER	(11) PRESENT POSTOFFICE OF MOTHER			
<u>Greenville S.C.</u>	<u>Greenville S.C.</u>			
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY (Years)	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY (Years)	
<u>White</u>	<u>25</u>	<u>White</u>	<u>20</u>	
(16) BIRTHPLACE	(17) OCCUPATION			
<u>N.C.</u>	<u>Septiler</u>			
(18) Number of children born to mother, including present birth	(19) Number of children of this mother now living, including present birth			
<u>1</u>	<u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) [Signature]

(22) State whether Physician or Midwife: Physician

(23) Address of Physician or Midwife: Greenville S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Filed

Jan 24 1924

(26)

S. B. Moore

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

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