

(1) PLACE OF BIRTH
 County of Greenville
 Township of Fairview
 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
64526

Registration District No. 2206 Registered No. 68
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of Child P. W. Wood } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL 2 (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Will Wood
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn SC.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE SC.
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Bozeman
 (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE SC.
 (19) OCCUPATION Home work
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 6:10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. Stewart
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 10 1916 (28) J. B. O. [Signature] 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.