

## (1) PLACE OF BIRTH

County of BambergTownship of 3. Mill

Inc. Town of .....

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

48106

Registration District No. 404Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Woodrow Loadoholt

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 5(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 18

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Brook Loadoholt

(9) PRESENT POSTOFFICE OF FATHER

Chickadee

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE

Barnwell County

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Elizabeth Brumby

(15) PRESENT POSTOFFICE OF MOTHER

Chickadee

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

Bamberg County

(19) OCCUPATION

House wife and farm work

(20) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. Roberts(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chickadee

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness W. H. Roberts  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 18 1916 (28) G. J. Henderson  
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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.