

## (1) PLACE OF BIRTH

County of Beaufort

Township of .....

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

4255C

Registration District No. 22ARegistered No. 643

(For use of Local Registrar)

(No. 103 & Ave)

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

(2) Full Name of Child. Laura Bessie Wood(3) BOY OR GIRL? girl(4) Twin or triplet? No(5) Number in order of birth 34(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 9 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr Perry Woods(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Ga.(13) OCCUPATION Wholesale Grocer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Anna Anderson(15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE P.C.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:23 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

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.

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