

(1) PLACE OF BIRTH

County of JohnTownship of WoodruffInc. Town of WoodruffCity of Woodruff

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16661

Registration District No. 40 BRegistered No. 39
(For use of Local Registrar)(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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 27 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hubbert Linklater(9) PRESENT POSTOFFICE OF FATHER Woodruff(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE John Co(13) OCCUPATION Butler(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maire Glenn(15) PRESENT POSTOFFICE OF MOTHER Woodruff(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Greenville Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 89 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature O. H. McLeod(24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife Woodruff

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 8 22 (28) Chas. L. Boyter 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.

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