

(1) PLACE OF BIRTH.

County of Williamsburg
Township of High
OF
Inc. Town of

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

File No.—For State Registrar Only
30480

Registration District No. 4301 Registered No. 119
(For use of Local Registrar)

City of (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 Lucia Woods (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 27 23
(Month) (Day) (Year)

FATHER.
(8) FULL NAME Lucius Woods
(9) PRESENT POSTOFFICE OF FATHER Georgetown SC.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42
(Years)
(12) BIRTHPLACE SC.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 12

MOTHER.
(14) NAME BEFORE MARRIAGE Judy Jackson
(15) PRESENT POSTOFFICE OF MOTHER Georgetown SC.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
(Years)
(18) BIRTHPLACE SC.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 12 .. M.,
on the date above stated. (Both all year old born) (Hour A. M. or P. M.)

(23) (Signature) Maudie M. Cleary
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown SC.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed Oct 30 23 (28) J. C. Powell 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.

Division of Columbia, Columbia, S. C.