

## (1) PLACE OF BIRTH.

County of Williamsburg  
 Township of High  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St.; .... Ward)

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

## (2) Full Name of Child

Lucia Woods (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 (3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 27, 23  
 (Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Lucas Woods (14) NAME BEFORE MARRIAGE Judy Graham  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown SC. (15) PRESENT POSTOFFICE OF MOTHER Georgetown SC.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE SC. (18) BIRTHPLACE SC.  
 (13) OCCUPATION Farmer (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 12 (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 or born) (Hour A. M. or P. M.)

(23) (Signature) Maude M. O'Leary

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed

Sept 30, 23

(28)

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.