MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH PEN AND 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, THE OTHER, No. 2, etc., in question 3.

Form 5 6

(1) PLACE OF BIRTH

County of Abbeville.....

Township of .....

or

Inc. Town of.....

or

City of Abbeville.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5568

Registration District No. 1A Registered No. 2722

(For use of Local Registrar)

(No. 15 Maple St.; 3 Ward)

(If Birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Robert Woolbright

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

(3) BOY OR GIRL? Boy

(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 Feb. 25, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stonewall Jackson Woolbright

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Oconee Co. S.C.

(13) OCCUPATION Mill Work

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Essie C Goings

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Abbeville Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11.50 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C.C. Cambrell

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S C

Given name added from a supplemental report

..... of .....

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Mar 31 1923 (28) Mrs Lucia McAlister

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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