

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown, S.C.
 Township of
 or
 Inc. Town of Georgetown, S.C.
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4192

Registration District No. 21-6 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child Samuel Elmer Woodbury
 (No. 429 King St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 5 19 20
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Franklin Woodbury
 (9) PRESENT POSTOFFICE OF FATHER 109 Commercial, Charleston
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Year)
 (12) BIRTHPLACE Georgetown, S.C.
 (13) OCCUPATION Tailor
 (14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Hestelle Lucile Washington
 (15) PRESENT POSTOFFICE OF MOTHER 429 King St. Georgetown, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Year)
 (18) BIRTHPLACE Georgetown, S.C.
 (19) OCCUPATION Domestic affairs
 (20) Number of children of this mother now living, including present birth 3 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ruby L. F. Woodbury R. N.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Trained nurse People's Hospital, Charleston

Given name added from a supplemental report

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

(27) Filed Feb 19 20 (28) Mrs. R. L. King 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.

NOT TO BE REPRODUCED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.