Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4161

(1) PLACE OF BIRTH

County of Florence

Township of Motts
or
Inc. Town of .....
or
City of .....

Registration District No. 2012 Registered No. 14
(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 Martha Woods — If child is not yet named, make supplemental report as directed

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Feby 22 1922

FATHER.

(8) FULL NAME McDuffie Woods

(9) PRESENT POSTOFFICE OF FATHER Owards, SC #2

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S. C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bradley

(15) PRESENT POSTOFFICE OF MOTHER Owards, SC #2

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Florence Co SC

(19) OCCUPATION Domestic

(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 12A M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Martha Wilson

(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Olanta, SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 2/25 1922 (28) A. D. Kelly
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 6.

WHITE FAMILY, WITH UNFADING INK—THIS IS A DOCUMENT RECORD. MAY BE RECEIVED FOR BINDING.

BUREAU OF COLUMBIA, COLUMBIA, S. C.