

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child Willie Woodard

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

Triplet

(5) Number in order of birth

5

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb. 1, 1923

(Name of Month)

(Day)

(Year)

FATHER.

(8) FULL NAME

Cleveland Woodard

(9) PRESENT POSTOFFICE OF FATHER

Eastover SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Farther age 34

(13) OCCUPATION

Farming

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

18

MOTHER.

(15) NAME BEFORE MARRIAGE

Mary Car

(16) PRESENT POSTOFFICE OF MOTHER

Eastover SC

(17) COLOR OR RACE

Colored

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

Mother age 29

(20) OCCUPATION

Farming

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

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alice Nyon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Alice Nyon R.F. 2 Box 32 Eastover SC

(26) Given name added from a supplemental report

Alice Nyon R.F. 2Box 32

1923

Registrar

(27) Witness

midwife

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

(28) Filed

7-2-23

(29) (Signature)

St. Johnson

*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 an stillborn. No report is desired of stillbirths before the fifth month of pregnancy.