

(1) PLACE OF BIRTH
County Darlington
Township Liberty Hill
or
City of

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

No. 13699

Registration District No. 1510 Registered No. 33
(For use of Local Registrar)

Day of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julie Woods Jr. If child is not yet named, make supplemental report as directed

Sex By Type or Color O Number in order of birth 2 Date Feb 4 33
(If born in a hospital or other institution, give name of same instead of street and number.)

FATHER
(1) NAME Julie Woods
(2) RESIDENT ADDRESS OF FATHER See Hill
(3) COLOR Negro (4) AGE AT LAST BIRTHDAY 27
(5) BIRTHPLACE S.C.
(6) OCCUPATION Garage Laborer
(7) Number of children born to mother, including present birth 1

MOTHER
(1) NAME Magella Robinson
(2) RESIDENT ADDRESS OF MOTHER See Hill
(3) COLOR Negro (4) AGE AT LAST BIRTHDAY 23
(5) BIRTHPLACE S.C.
(6) OCCUPATION House wife
(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (29) Signature G. C. G. G. (30) Name of Physician or Midwife Dr. G. C. G. G. (31) Address of Physician or Midwife See Hill

Given name added from a supplemental report
(32) Witness (Signature of Witness necessary only when question 28 is signed by mother) DR. J. H. S. S.
(33) Registrar 19

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.