

## (1) PLACE OF BIRTH

County of McClintockTownship of Washington

or

Inc. Town of .....

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 Mamie Lee Wood

File No.—For State Registrar Only

43592

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

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Nov. 15, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Wood(9) PRESENT POSTOFFICE OF FATHER Parksville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Edgefield Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Holmes(15) PRESENT POSTOFFICE OF MOTHER Parksville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Edgefield Co(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Parksville S.C. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. Blackwell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 23, 1922(28) T. P. Carls 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.