

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

34782

Registered No.

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel A. Woods Jr.

(9) PRESENT POSTOFFICE OF FATHER

Darlington S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Darlington S.C.

(13) OCCUPATION

Capt. Marine Corp.

MOTHER.

(14) NAME BEFORE MARRIAGE

Maude M. Jennings

(15) PRESENT POSTOFFICE OF MOTHER

Greewood S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

McCormick S.C.

(19) OCCUPATION

Housewife

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

one

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

born alive

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

Oct 10 1911

(28)

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.

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