

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
McCaw, of Columbia

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or  
Inc. Town of Greenville  
or  
City of Greenville  
(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

File No.—For State Registrar Only  
**85839**

Registration District No. 2209  
Registered No. 556  
(For use of Local Registrar)

(2) Full Name of Child Amos LeRoy Wooten { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11-15-6</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>LeRoy Wooten</u>			(14) NAME BEFORE MARRIAGE <u>Penny Wooten</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. 7th St 48 Wooten</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. 7th St 48 Wooten</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Null obedient</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 11-30 A M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Jones M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) 1916 (28) A. H. Mackey 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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