

(1) PLACE OF BIRTH

County of

Township of

In Town of

City of

If a child is born in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

File No. — For State Registrar Only

11214

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22 A

Registered No. 174

(For use of Local Registrar)

No. 25 Cox St. Ward

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

Boy

(3) Twin or triplet?

(5) Number in order of birth

(6) Are Parents married?

(7) DATE OF BIRTH

(Name or Month) (Day) (Year)

FATHER

NAME James E. Wood

PRESENT POSTOFFICE OF FATHER 25 Cox St Greenville SC

COLOR OR RACE (8) AGE AT LAST BIRTHDAY (9) (Years)

BIRTHPLACE (10) (Years)

OCCUPATION (11) (Years)

Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Anna Sisker

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 13 (Years)

(18) BIRTHPLACE Exley

(19) OCCUPATION Housewife

(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 named Anna Sisker, on the date above stated. (Born alive or stillborn) (House 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) Registrar

(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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.