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County of SaludaTownship of # 2or  
Inc. Town ofor  
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

File No.—for State Registrar Only

11911

Registration District No. 3901 Registered No. 51  
(For use of Local Registrar)(2) Full Name of Child Minnie Wooders If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb 13 1903</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Minnie Wooders</u>			(14) NAME BEFORE MARRIAGE <u>Manda Simpkins</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Ridge Spring</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Ridge Spring</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Saluda Co.</u>			(18) BIRTHPLACE <u>Saluda Co.</u>	
(13) OCCUPATION <u>sewing</u>			(19) OCCUPATION <u>house-keeping &amp; sewing</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## 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) (Near A. M. or P. M.)  
on the date above stated.(23) (Signature) William A. Thomas(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mrs. Walter Wright

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 4 1903(28) Mrs. J. D. Branch

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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